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ABSTRACT

This report on the 14th Mary E. Switzer Memorial Seminar addresses trends and prospects for employment of persons with disabilities. The monograph begins with an introduction by Leonard G. Perlman and Carl E. Hansen, a foreword by Richard S. Materson, a list of seminar sponsors and Switzer scholars, a statement on the legacy of Mary Elizabeth Switzer by Nell C. Carney, and an overview of employment expectations of persons with disabilities in the 1990s by John D. Kemp. The report then presents the following chapters and special invited papers: "Employment and Disability: Emerging Issues for the 1990s" (Reed Greenwood); "Employment and the Worker with a Disability: A Corporate View" (Tom O'Bryant); "A Strategy for Small Enterprise Development by Individuals with Disabilities" (Neal W. Nathanson); "Employment and Disability: A Point of View from the Labor Unions" (Charles E. Bradford); "The Role of Rehabilitation and the Issues of Employment in the 1990s" (John J. Benshoff); "Window of Opportunity: Disabled Hispanics in the Labor Force" (Antonio Suazo); "Projects with Industry: The Concept and the Program" (Sandy A. DeSantis); "Improving Employment Opportunities for Persons with Disabilities: A Thumbnail Sketch of Corporate Initiatives" (Lana Smart); "1990: Equal to the Task II" (Richard L. Drach); "The Americans with Disabilities Act: A New Era" (Paul G. Hearne); and "Human Resources: Their Impact on Rehabilitation" (Paul L. Scher). Seminar recommendations and an eulogy for Mary E. Switzer conclude the monograph. (JDD)

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Employment and Disability: Trends and Issues for the 1990s

A Report on the 14th Mary E. Switzer Memorial Seminar

Leonard G. Perlman and Carl E. Hansen, Editors

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Switzer Memorial Seminars

As a living tribute to the memory of Mary E. Switzer, each year a special topic of vital interest to the rehabilitation of persons with disabilities is explored in depth. One of the outcomes of each seminar is a *Switzer Monograph* which clarifies the thinking in a given area of rehabilitation and sets goals and objectives for positive action. Those individuals invited to participate in the Seminar are designated as Switzer Scholars.

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The *Switzer Monograph* reflects the writings, discussions and recommendations of the Switzer Scholars at the 14th Annual Mary Switzer Memorial Seminar, held May 7-9, 1990, at the National Rehabilitation Hospital in Washington, D.C. Opinions expressed in the *Switzer Monograph* are those of the writers and do not necessarily reflect policy of the National Rehabilitation Association or any other organization.

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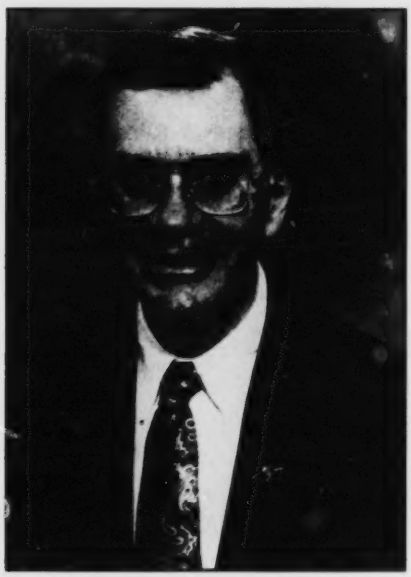
Introduction

It has been 40 years since Mary Switzer was named the head of the State Federal Program in Vocational Rehabilitation, now known as the Rehabilitation Services Administration (RSA). This is also the year (1990) in which the Americans with



Carl E. Hansen, Ed.D.
Switzer Committee Chairperson

Disabilities Act became the law of the land. What better way can we pay tribute to the memory of the late Ms. Switzer as we plan and develop strategies to implement this new and long-awaited law and focus on the significant area of life-employment and the independence that usually accompanies it.

While all of the past 13 Switzer Seminars focused, in part, on the employment and job placement of persons with disabilities, the current Seminar specifically targets the issue of employment with an emphasis on the following major partners: large corporations, small to medium-sized companies, labor unions, self-employment for persons with disabilities, rehabilitation professionals, and, most important, the consumer.

The 14th Mary Switzer Memorial Seminar was held in Washington, D.C. from May 7 through May 9, 1990 and was hosted by the National Rehabilitation Hospital (NRH).

Welcomes were provided by Edward A. Eckenhoff, President, NRH, Richard S. Materson, M.D., Vice President for Medical Affairs and Medical Director, NRH, and Vanida Y. Hamilton, R.N., M.S.N., Director of Nursing Education and Research, NRH. The Honorable Nell C. Carney, U.S. Commissioner of the Rehabilitation Services Administration provided the opening remarks to launch the 14th Switzer Seminar.

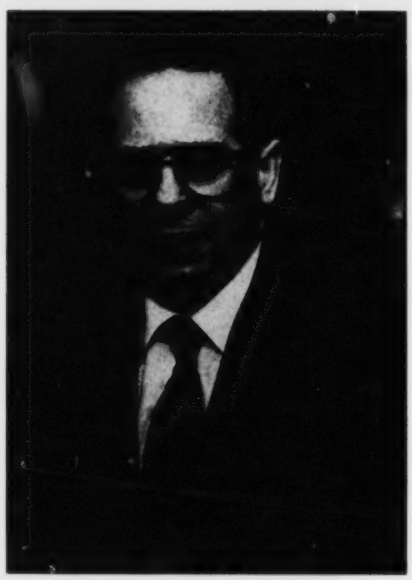
The Switzer Planning Committee, in listing the objectives of this Seminar, provided the subtopics to serve as a foundation for the three days of discussion concerning the current trends and prospects for employment of persons with disabilities. Five papers were written especially for the Seminar and served as the basis for the three-day program. Examples of the papers written for the Seminar include the following titles:

- Employment and Disability: Emerging Issues for the 1990s
- Employment and the Worker with a Disability: A Corporate View
- A Strategy for Small Enterprise Development by Individuals with Disabilities
- Employment and Disability: A Point of View from the Labor Unions
- The Role of Rehabilitation and the Issues of Employment in the 1990s.

The papers addressed a myriad of challenges and opportunities as we enter the new decade of the 1990s. Items explored, for example, included the changing nature of work (as the United States moves from a manufacturing economy to a service-oriented economy), the changing workforce as America is seeing the emergence of more older workers, and changes in the nature of disability itself as a result of the techno-medical revolution over the past 20 years.

The Seminar brought together some impressive views of industry, labor, consumers, and rehabilitation professions. The combined thoughts, ideas, and recommendations are presented in this text. In addition to the five main chapters, each chapter is followed by excerpts of reviews and comments made by the Switzer Scholars. These sections provide the various perspectives of the participants who represented a broad cross-section of disciplines, business, labor, and consumers. Finally, the major recommendations and implications for action developed by the Scholars are noted by category for ease of reading usage.

Considerable effort by many people has gone into the development of this text with its recommendations and findings. It is the hope of the Switzer Scholars and the Switzer Memorial Committee that this information will stimulate communications, strategies, and positive actions by all of the necessary partners in the development of employment opportunities for persons with disabilities. With the added incen-



Leonard G. Perlman, Ed.D.
Switzer Seminar Coordinator

tives of the newly enacted Americans with Disabilities Act, our challenges continue to remain great, but we must move forward in the decade of the '90s, building on our positive foundations and legislative initiatives.

—Leonard Perlman & Carl Hansen

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Foreword

Richard S. Materson

I have the honor and pleasure to offer you a warm welcome on behalf of the National Rehabilitation Hospital. We are pleased to host you this second consecutive year. As you entered NRH, you may have noticed that our cornerstone was laid in 1985. We are now just three and one half years into clinical operation, yet with pride, I can tell you that we have already been recognized as one of the Nation's outstanding hospitals as listed in the April 30, 1990 issue of the *U.S. News and World Report*, by a survey of medical user experts.

My congratulations to you who have been selected Switzer Scholars. I wonder how many of you actually met or knew this dynamic woman, who along with Howard Rusk, physician father of our field, live on in the hearts of those who knew them. Both were indomitable personalities who had a vision of this rehabilitation field's potential to make a real difference in the lives of those men and women who were surviving infectious and traumatic disorders and who could, with well-coordinated interdisciplinary services, return as contributors to their family and to society. The barriers to Rusk's and Switzer's success were enormous. The concept of rehabilitation was foreign both to the medical hierarchy and also to those in government. Yet against incredible odds, Switzer and Rusk relentlessly pursued their goals, and the result is our modern day rehabilitation system with all of its enormous success.

I remember meeting and hearing Mary Switzer early after my own graduation from medical school in 1965. At that time, physical therapists through the American Physical Therapy Association and physiatrists were "at" each other over accreditation of physical therapy educational programs. While the Council on Allied Health Education and Accreditation of the American Medical Association had been the accrediting body, the physical therapists wanted to accredit their own educational programs free from medical interference with their goals and aspirations. Energies which could have been much more productively spent solving problems of the handicapped were unfortunately being wasted in acrimonious debate and Mary decried that. She observed that the professional group on top of the rehabilitation ladder spent ten percent of its time trying to ascend the ladder and 90% stepping on the toes of the group immediately below it on the ladder. With her and others cajoling, reason prevailed, and the issue was settled. Through her clear vision, interdisciplinary multimodal rehabilitation care came of age. How pleased she would have been with this conference titled "Employment and the Worker with a Disability: Emerging Trends and Issues in the 1990s." How perfectly appropriate this topic when the U.S. House Judiciary Committee has just cleared the final hurdle for the Americans with Disabilities Act making passage of that act reasonably certain, and thereby this conference even more relevant and timely.

Those of you who know me know of my admiration and following of Mike Vance, master of "Creative Intelligence" and Dean of Disney University. Vance, in discussing turning dreams into reality, reminds us of the kind of thinking in which one looks and dreams into the future and then brings the future back to today. This kind of thinking, he says, was characterized by that of Michelangelo, Jules Verne, and George Orwell. Our times are changing so quickly that thinking the present and applying it to the future is far too slow. One must not just be on the cutting edge but rather in front of it. Orwell, who dreamed of cyborgs over which society had lost control, and the terrible "doublespeak" society that he envisioned could have come into existence; but brought to our attention back here in the present, prevented those perversities from occurring. Future thinking can, you see, change the future and make it better. Michelangelo and Verne used their inventive and creative thinking to describe submarines and aircraft and a host of other things long before ordinary persons could experience such ideas— and in doing so hastened new technology creation.

So like Orwell and Verne and Michelangelo, may you dream and make real your dreams. May your success honor our ultimate dreamer Mary Switzer. And now, God-speed as you enter into your deliberations. Your outcomes clearly have the potential to make this a better world for people with disabilities, and through their success, a better world for us all.

"Dream lofty dreams, and as you dream, so shall you become. Your vision is the promise of what you shall one day be; your ideal is the prophecy of what you shall at last unveil. The greatest achievement was at first and for a time a dream. The oak sleeps in the acorn; the bird waits in the egg; and in the highest vision of the soul a waking angel stirs. Dreams are the seedings of realities...into your hands will be placed the exact results of your own thoughts; you will receive that which you earn; no more, no less. Whatever your present environment may be, you will fall, remain or rise with your thoughts, your vision, your ideal."

—James Allen

RICHARD S. MATERSON, M.D., is Medical Director, National Rehabilitation Hospital, Washington, D.C.

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Dr. Carl E. Hansen, Past President, National Rehabilitation Association

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Thanks to: The Switzer Memorial Committee of the National Rehabilitation Association (NRA); Bill Brownfield, NRA President; Robert E. Brabham, Ph.D., Executive Director of NRA and his staff; Mark W. Doyon, NRA Publications Manager; and Jay Rochlin, Executive Director, President's Committee on Employment of People with Disabilities, for his continued support and guidance of this and past Switzer Seminars.

Special thanks go to the National Rehabilitation Hospital, the host organization, for providing a superb setting for Switzer Seminars for a second year. The following persons are recognized: Edward A. Eckenhoff, President; Richard Materson, M.D., Vice President for Medical Affairs and Medical Director; Vanida Y. Hamilton, R.M., M.S.N., Director of Nursing Education and Research; and Education and Training staff members Betsy Phillips and Ruby A. Butler.

Gratitude is expressed to the Dole Foundation for Employment of People with Disabilities, Paul Hearne and N. Jeanne Argoff, Ph.D.

Appreciation is extended to all of the sponsors who helped make the 14th Memorial Seminar a reality through their generosity.

Finally, thanks go to the Switzer Scholars for giving so freely of their time and talents and whose ideas and recommendations are presented in this *Monograph*. We applaud them! **Photographs by David Kasamatsu.**

The Legacy of Mary Elizabeth Switzer

An Address to the Mary Switzer Seminar, 1990

Nell C. Carney

When Mary Switzer stepped into the leadership role for the State/Federal Vocational Rehabilitation Program in the early 1950s, it is unlikely that she imagined that the direction she gave to the program for the next two decades would result in an increased quality of life for millions of Americans with disabilities. In 1989, that same State/Federal Vocational Rehabilitation Program nurtured by Mary Switzer served just under one million individuals with disabilities. Of that one million, two hundred forty-six thousand were successfully rehabilitated to lead productive lives and experience integration into American communities.

I am here today because of the State/Federal VR program. As a severely disabled person, I received training which allowed me to adjust to my disability, guidance and counseling which taught me self-esteem, and support to pursue the vocation of my choice. I could not have successfully adjusted to blindness without the services of a vocational rehabilitation counselor. It would have been impossible for me to participate in an enriching career without the services I received through the VR program. And, so, here I am today, in the same leadership role that Mary Switzer found herself in some four decades ago. I am here today because of the legacy of Mary Switzer.

All of you have been selected to participate in the 1990 Mary Switzer Seminar because of your outstanding performance and your demonstrated commitment to the rehabilitation of persons with disabilities. Many of you have benefitted from the legacy of Mary Switzer because without the dignity and worth she brought to the delivery of rehabilitation services you might have chosen another field and missed the fulfillment you have experienced as a result of your involvement in rehabilitation.

Like many of you, I have served as a vocational rehabilitation counselor. It was during those months and years that it was my privilege and my honor to provide direct services to people with disabilities that I realized the positive impact rehabilitation has (and will continue to have) on the lives of people who are disabled and who can benefit from services.

What of this legacy of Mary Switzer? What are our responsibilities as the rehabilitation professionals of the 1990s to preserve and perpetuate the value and the integrity of the programs to which Mary Switzer gave her genius leadership so many years ago? Our responsibilities are awesome, for we must carry our national rehabilitation programs forward and meet the changing needs of a changing disabled population that Mary Switzer could not have imagined in a society that she could not even have dreamed about.

As we go boldly into the decade of the '90s, we face the challenge of constantly improving rehabilitation technology, constantly improving rehabilitation medicine, and constantly improving methods for service delivery. We work in local, state, and federal agencies where effectiveness and efficiency in government are the order of the day and where accountability is guiding force. We work shoulder to shoulder with highly skilled and expertly trained peers; and yet, we remain focused on a single minded purpose—quality rehabilitation services for people with disabilities to allow pursuit and attainment of employment, maximize independence, and integration into the community.

We also serve a population of disabled individuals that Mary Switzer could only dream about. Americans with disabilities have come into their own with all of the full rights and responsibilities of first class citizens. We now hold public office, influence elections, participate in political activities, provide leadership, and participate in all of the activities in our society. Mary Switzer could only dream that some day there would be an Americans with Disabilities Act to outlaw discrimination against individuals with disabilities. This new generation of disabled people will demand and get quality rehabilitation services. There will be choices in rehabilitation services. Empowered disabled people present a new challenge to rehabilitation professionals. Can we meet the challenge? Of course we can because we have been a part of the change.

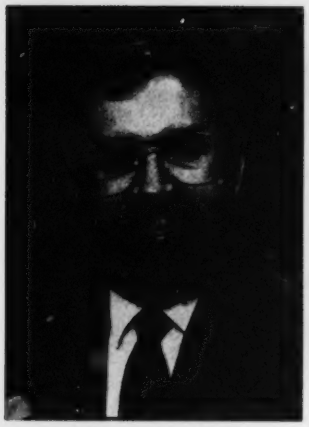
Some of the other challenges we will face in this decade are:

- services to underserved and unserved populations
- increasing costs for services
- coordination of services with other state and federal agencies
- application of rehabilitation technology at all levels of service
- increased research in medical and traditional rehabilitation to find new treatments and new methods.

Mary Switzer once said: "Life is faith and love, but most of all it is hope." We, ladies and gentlemen, are the hope that Mary Switzer began for millions of Americans with disabilities who are in need of and can benefit from rehabilitation services, We are the hope for maintaining the integrity of the programs to which she provided leadership, and we are the hope for meeting the challenges in rehabilitation in the 1990s. Mary Elizabeth Switzer's legacy will live on. It will never die so long as we are a free nation with people who care about one another and care about future generations of Americans.

NELL C. CARNEY is Commissioner, Rehabilitation Services Administration.

1990 Switzer Scholars



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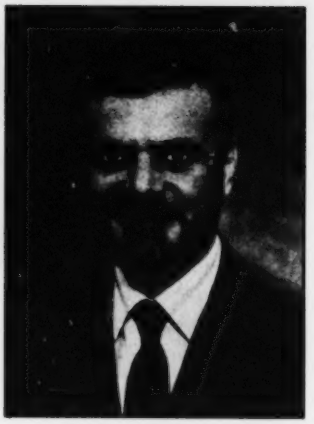

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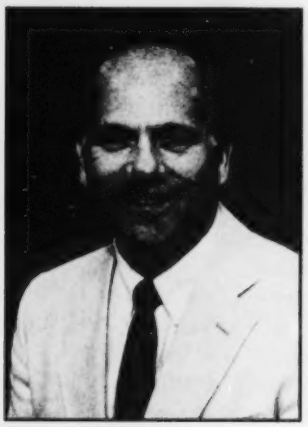

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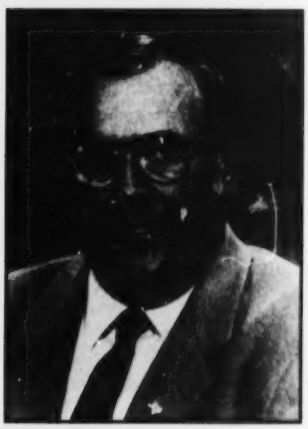

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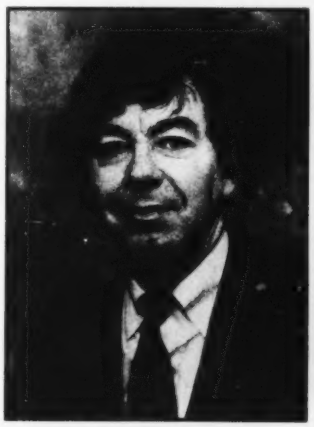

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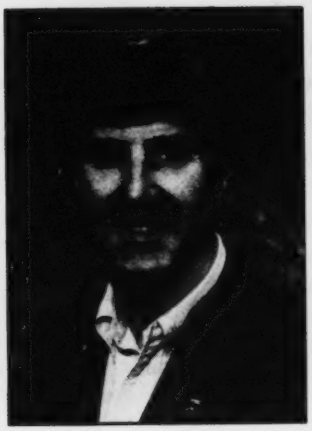

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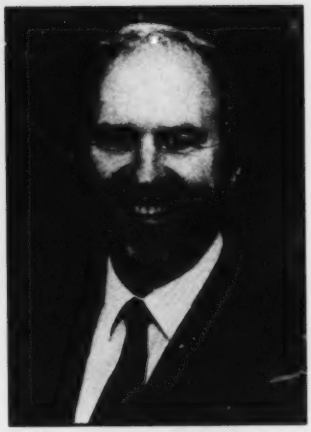

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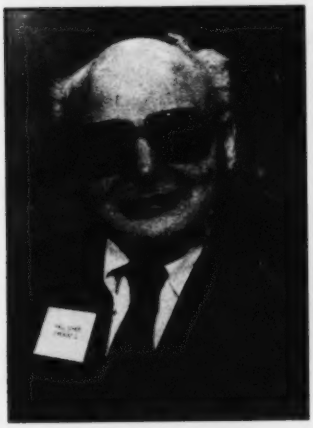

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Employment Expectations of Persons with Disabilities in the '90s

John D. Kemp

As we begin to appreciate that persons with disabilities will necessarily be called upon to fill a diminishing labor supply in the '90s, employers must begin immediately to remove artificial, arbitrary and unreasonable job barriers which prevent millions of persons with disabilities from participating in competitive employment.

Disabled persons have every right to expect the following from employers in the '90s:

Access. Minimally, employment offices must become accessible to people with a variety of disabilities, including mobility limitations. To make a work site accessible to a disabled person who requires it should be regarded as an accommodation, if reasonable. More importantly, under the Americans with Disabilities Act, areas of public accommodation must become accessible and thus not only potential employees can be accommodated but so could potential disabled customers who have money to spend in these accessible establishments.

Recruitment. There must be more than entry level position recruitment today, as some disabled persons currently working would enjoy the opportunity for career advancement programs. All recruitment programs should include references to persons with disabilities in photos and in written or spoken words.

Job Analysis. Federal contractors have lived with the implications of *E.E. Black Ltd v. OFCCP*, a 1980 federal district court case stating that unless an employer could show there is substantial likelihood of imminent injury to occur, the employer could not screen out candidates on the basis of speculation about the potential for injury. There is a critical need for employers to establish minimum physical characteristics needed by applicants to perform their jobs safely. No other area of disability and employment law is more important to future employment opportunities to people with disabilities than this area.

Accommodation. Every employer must know how and to what extent reasonable accommodations should be made to the known limitations of applicants or employees with disabilities. For applicants, the employment office should be accessible or its services available, and any tests or other screening devices must be adaptable and job related. For employees, accommodations include a) modification of the work site and commonly used areas; b) purchase of assistive aids and devices; c) flexible personnel policies to permit extended rest periods, for example; d) provision of readers and interpreters for effective communication; and e) reassignment of non-essential tasks or task trading. Employers may refuse to make accommodations if they are too costly or would unnecessarily disrupt the flow of business.

Selection Criteria. Employers must use tests or other selection criteria only when they are strictly job related and consistent with business necessity. Employers cannot ask whether someone has a disability or as to the nature or extent of their disability. And, employers are permitted to undertake post-offer/pre-entrance medical examinations so long as a) results are kept confidential, and b) all entering employees take the same medical examinations.

Post-Hiring Concerns. Employers must provide employees with disabilities the same rights, benefits, privileges and advantages as are provided to all other employees for insurance and other benefits or opportunities for training and promotion.

Attitudes. Employers and co-workers should appreciate and respect the differences of employees with disabilities so that they may have equal opportunities in employment. As one Switzer Scholar noted, management's challenge today is to manage the diversity of employees in the workplace; this includes employees with disabilities.

Persons with disabilities have every right to expect an individual assessment of their abilities to perform job related functions and to receive accommodations, if they are reasonable. Most importantly, disabled persons should expect to be treated with dignity and respect from employers.

Chapter One

Employment and Disability: Emerging Issues for the 1990s

Reed Greenwood

Introduction

The preparation of a paper on the future entails many hazards, not the least of which is to be considerably mistaken about what the trends are and where the trends may take a society. Although I am cognizant of the chances for error, it seems important to forge ahead and offer what can be seen as possibilities and, in some instances, probabilities.

Employment and disability issues constitute the core of my work over the years, and this paper is being prepared at the twenty-five year mark in my personal career in rehabilitation. During this time it has been my good fortune to have served as a practitioner, administrator, educator and researcher, almost always focused on employment and employment-related issues.

This seminar appropriately addresses issues at both the large corporate and small business levels, as well as from organized labor and rehabilitation practitioner perspectives. This approach can provide unique insight into the issues, problems and potential solutions to a critical national concern: the lack of utilization and the underutilization of a major national resource— our citizens with disabilities.

The purpose of this paper is to provide an overview of factors that should be considered in a discussion of employment and disability. A review of employment trends and the implications of the trends for workers with disabilities is presented. Specifically, demographic, technological, educational, and socioeconomic changes are occurring at an accelerated rate and comprise the employment trends to be examined. Next, several disability-related issues with direct bearing on employment are reviewed. The paper then shifts to a discussion of career development and workers with disabilities. Finally, a summary of the issues, trends and problems is provided with implications identified for the 1990s.

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Employment Trends

Demographics, technology, education and socioeconomics are four areas that will significantly influence employment in the 1990s. As labor markets are experiencing rapid changes, trends in each of these areas have both separate and interdependent influences. For example, lower educational achievement, minority group status, socioeconomic disadvantagement, and disability interact to create substantial, if not overwhelming, burdens for the individual.

Several studies have yielded relevant data on labor force participation of workers with disabilities. Perhaps the best known was that conducted by pollster Louis Harris for the International Center for the Disabled in 1985 (International Center for the Disabled, 1986). Harris found that two-thirds of working-age people with disabilities were not working, and that the majority indicated they would like to work (disabled persons are much more likely to be unemployed than any other demographic group). Bowe (1986), citing data from the 1984 Current Population Survey, reported the labor force participation rate of disabled workers to be 35.5% compared to 77% for all working-age adults. Regardless of the source of the data, it is apparent that most people with disabilities are not participating in meaningful work in keeping with their preferences and abilities.

Demographics

Numerous demographic changes are taking place in the U. S. and several have specific relevance to employment. Increased participation by women in the labor market is one of the well known changes. Forecasts for the year 2000 (by economist Allen Eck of the U.S. Bureau of Labor Statistics) indicate that women will make up 47% of the labor force (contrasted to 44% now), and that 51% of job applicants will be women (Exter, 1989).

The effects of women's participation and roles in the labor market are directly related to rehabilitation and disability. Data from the Current Population Survey of 1985 cited by Bowe (1986) indicated that almost 42% of working-age males with disabilities worked in 1984 while about 29% of females with disabilities worked (as contrasted to the overall 77% employ-

ment rate for all working-age noninstitutionalized adults). The same study revealed that the proportions of males and females with disabilities were about the same (51.4% male).

It is also well known that equity of pay and position for men and women in the labor market have not been realized (women's average pay and rate of participation in higher level positions are considerably lower). Equity is among the many issues, e.g., comprehensive child care legislation, of current debate in Congress and in other settings that are a direct result of the influx of women into the workforce.

A more recent report based on the National Center for Health Statistics 1988 Health Interview Survey (Waldrop, 1990) revealed that 36% of men with disabilities and 28% of women with disabilities were in the labor force in 1987. Men with disabilities earned an average annual income of $24,000 while women with disabilities earned an average of $16,000. This is contrasted with $30,000 and $19,000 respectively for their nondisabled counterparts.

Both the Bowe and Waldrop reports show a significant disparity in labor force participation and in income between (a) men and women, (b) men with disabilities and women with disabilities, and (c) workers with disabilities and nondisabled workers. Undoubtedly, rehabilitation professionals and policymakers in the 1990s will have to address the continuing employment differential between males and females in American society.

An equally publicized labor force issue relates to minority employment. A primary concern of the Civil Rights Act of 1964 is discrimination in regard to minority employment. Continuing reports from the U. S. Department of Labor reveal significant differences between white and nonwhite employment characteristics, with whites significantly ahead in regard to pay and other aspects of employment. Yet, projections indicate that minorities, especially Hispanics, blacks and Asians, will represent 34 of 100 new workers entering the labor market during the 1990s (Exter, 1989).

According to Bowe (1986), the overall disability rate for the working-age population is 8.1%. However, among all disabled working-age persons, 80.2% are white (compared to 85% of all working-age individuals), 17.7% are black (compared to 11.5% of all working-age individuals) and 7% are Hispanic (compared to about the same proportion of Hispanics in the working-age group). Thus, only blacks have a higher rate of disability than their overall distribution in the population, creating an additional hardship to overcome.

Another factor to be dealt with in the 1990s is immigration, especially from Latin American, Caribbean and Asian countries. Forecasters project that the U.S. Hispanic population will grow to between 27 and 42 million by 2010 (Exter, 1987). A significant growth in such a population sector will influence the workforce in many ways, not the least of which will be the differences in culture and language brought into the work environment. In particular, immigrants entering the U. S. and the labor force from less developed countries are more likely to have disabling conditions or health care problems that will result in disabilities.

The age structure of the population is another demographic factor that should be watched closely in the 1990s. The U.S. is experiencing a reduced birth-rate and, as a result, there are fewer individuals in the younger age-brackets. Projections call for about the same proportion of individuals in each five-year age group from 0 to 69 by the year 2030 (Townsend, 1986). Therefore, the labor market pool will be characterized by a decrease in availability of younger workers to meet the demands of the projected 122 million jobs in 1995 (compared to 103 million in 1986).

The aging of the workforce is also of significance for the systems serving people with disabilities. The aging process brings a greater incidence of health problems such as coronary disease and strokes, thus creating increased demand for rehabilitation and health care services.

Technology

The influence of technological innovation in the workplace continues to be nothing short of phenomenal. Two developments of note are personal computers and robotics. Both are creating increasing productivity and profitability. Almost every office in the U.S. has been changed as a result of low-cost personal computers that perform a variety of information processing functions. The current generation of computers are equipped with software that is "user friendly," requiring few formal computer programming skills. This technology also opens opportunities in the workplace that have not been available in the past. For example, telephone modems connecting computers allow work to be done in settings other than offices. Individuals may work at home, yet have instant communication with company computers and personnel through the "telecommuting" process.

The use of personal computers makes possible "flex-place" of work to accompany the use of flex-time, an accepted procedure in many workplaces. The extent to which the use of personal computers will affect the location that work takes place will be an interesting development to follow. One can readily see the appeal to many employers of reduced costs (offices, desks, etc.) if workers could be productively employed through their homes or other lower cost locations. However, abuses of such systems in terms of reduced incomes and benefits can also be foreseen.

An equally fascinating application of technology is the use of robots to accomplish work tasks. The primary application of this technology in the U.S. has been in manufacturing settings for those "hot, heavy and hazardous" applications such as painting and welding. The Japanese have used robotics extensively in industry, especially in electronics and automobile manufacturing. While there are differences concerning the definition of "robot", the trend is toward using robots to reduce labor costs and establish standardization of quality. At present, the more sophisticated robots are programmed by computers to consistently perform the same operations.

One of the traditional consequences of technology in the work place has been the displacement of workers because of automation. However, the productivity of the technologically enhanced worker is greater; consequently, the worker's income will be greater leading to a higher standard of living. The change from a manual typewriter to an electric typewriter to a personal computer word processor illustrates both worker displacement and increased productivity of the clerical function.

In many organizations, word processors are operated primarily by clerical workers. Once voice input technology is available at costs comparable to keyboards, there will be an even more

remarkable effect on clerical work. Voice control in robotic technology can be expected to produce similar patterns of development. In both instances, the displacement of workers will be the negative issue that will require worker retraining and other interventions.

It is difficult to forecast how technology may differentially affect workers with disabilities. Many will be enabled to enter the new workplace because personal computers, robots, and other technology will provide the tools to carry out tasks formerly prohibited by personal functional limitations. Others may be displaced because of the implementation of technology that makes their work obsolete. On balance, the positive effects of technology appear to outweigh the negative aspects, especially in regard to enhanced opportunities for people with disabilities to enter the labor market.

Education

Education continues to be at the forefront in regard to preparation for employment. A common comparison is made between the incomes realized by people with college versus noncollege educations, with significantly increased income resulting from the college experience. Although academic enterprises prepare students for many life roles and intellectual pursuits, education continues to be recognized in American society as an important prerequisite for careers that bring greater financial rewards, and opportunities for managerial, professional and technical employment.

Americans believe in education as a tool for upward career mobility, and rather dramatic advances in education have taken place in recent years. For example, nine of ten Americans from 25 to 29 are high school graduates, compared to less than one in two at the end of World War II; annual college degrees awarded have more than doubled in the past 20 years; and almost one-half of all people in their late twenties have some college work (Linden, 1986). Even with the emphasis on education, many are expressing concerns about America's educational system and the problems of maintaining a competitive economy with far too many young adults lacking fundamental educational skills.

The labor market is calling for basic changes in skills with shifts from physical strength and endurance toward more emphasis on intellectual and interpersonal skills. The better paying jobs (professional, technical and managerial positions) will require more advanced education. Few doubt the need for an educated workforce giving attention to both advanced professional and technical education as well as preparation in basic literacy, computational and interpersonal skills required in many service sector jobs. The rapid pace of economic change will require a sizeable and well-educated work force, especially education that combines knowledge with the ability to adapt to change, i.e., effective problem-solving, communication and learning skills.

The requirements for advanced education that are anticipated for many of the jobs in the future have significant implications for workers with disabilities. In the past, many have not had equal access to educational opportunities due to problems of segregation, access, and discrimination.

As a result, many have been poorly prepared for the current labor market. For example, Bowe (1986) reported that the proportions of nondisabled and disabled persons (between the ages of 16 and 24) who were high school graduates or had some high school short of graduation were about the same. However, nondisabled individuals in the same age group were much more likely to have some college work or to be college graduates, and much less likely to have fewer than eight years of education, or to have an eighth grade education. Therefore, access to and increased participation in higher education by people with disabilities is an essential prerequisite for their entry into professional, managerial and technical employment.

Socioeconomics

Social and economic changes will have a major effect on the workplace of the future. The shift from an industrial base to a service and information economy—international competition and interdependency— basic changes in business and industrial operations—lifestyle changes—all will have an impact on the 1990s. Forecasters expect an even greater shift from an industrial economy to one focused on information and services. Within this change there is a trend toward increased entrepreneurial activity with many new businesses being initiated. The workforce will be adapting to information and service enterprises with the export of many manufacturing jobs to countries with cheaper labor costs.

The implications of socioeconomic developments for workers with disabilities are not clear. The shift from an industrial to an information and service economy should make it possible for many more people with disabilities to enter the labor force, given that other conditions are also positive. Many of the jobs forecasted for the 1990s do not require physical exertion, and with the trends toward telecommuting and other more flexible employment options, these jobs can be done by individuals with severe physical disabilities. In addition, many service sector positions may be open to individuals with limited intellectual ability. The pending labor shortages also provide opportunities for employers to look beyond their traditional sources of workers, and in a number of locations workers with disabilities are being sought to fill critical labor shortages. Therefore, the information and service economy appears to provide enhanced employment opportunities for many people with disabilities.

The increasing rate of new business starts presents another set of opportunities for people with disabilities. Combining small business ventures with home-based employment may result in very creative possibilities. Women are engaging in entrepreneurial activity at an ever-increasing rate and this should encourage women with disabilities to pursue such ventures.

In international economic relationships, some dramatic changes have taken place, especially the use of and dependency on foreign sources of energy, and the availability and consumption of imported goods. Most Americans readily accept, if not overtly prefer, foreign-made goods such as automobiles and television sets. (Video cassette recorders are not even produced domestically.) This ready acceptance and availability have resulted in an entirely different economic posture for the United States, leading to concerns with balance of payments deficits and questions of the continuation of the U.S. as the paramount industrial and economic world power.

Since World War II, we have experienced the resurrection of European economies such as West Germany. In addition,

countries on the Pacific rim— Japan, Taiwan, Korea and Singapore— that were rather inconsequential in international trade prior to World War II, have taken on prominent positions in today's economic environment. China has been established as a source of goods for the U.S. market, although recent political events there have strained the relationship between the two countries. The recent changes in Eastern Europe and the Soviet Union hold considerable promise for liberalized relationships between them and other countries, and the potential for greater economic and social cooperation in dealing with a variety of international problems, including economic development.

The move to interdependent international economies requires that the U.S. make use of all potential workers to maintain a competitive edge. To fail to use workers with disabilities to their maximum potential is not only morally wrong, it is a dangerous oversight in our efforts to maintain a strong and viable economy that will be in the forefront of international trade and development.

A number of domestic changes in business and industrial operations are of importance in understanding where the economy is heading. Many businesses are restructuring, especially through elimination of middle management positions, made possible by different approaches to management and the use of computers for information flow. Management systems such as those used by Japanese manufacturers are being studied to determine their relevance for American organizations. Joint ventures between Japanese and American automobile manufacturers represent another expression of changes taking place in business and industry.

Two other trends that deserve recognition are flex-time and flex-benefits. The production of work is no longer as dependent on having a workforce available at the same time and in the same place. Employers are negotiating benefits on a flexible basis depending on the needs, preferences and requirements of the employees. Cafeteria fringe benefit plans with options for child care, maternity leave, flexible retirement, and health care are being used to maximize benefits to the individual as well as the organization.

An examination of the structural changes and other events taking place in business and industry provides some heartening news for workers with disabilities. Many leaders have recognized that the success of their organizations depends on utilization of human resources in creative and productive ways. The influence of Japanese management strategies alone is calling attention to the need for different relationships with the workforce since Japanese management is more attuned to input from workers and the relationship between management and workers.

Evidence of this sensitivity to workers is found in a study reported by Walsh (1989) in which she concludes that "American businesses must focus on people rather than the bottom line if they want to compete successfully in the new economy." (Walsh, 1989, p. 11). This study of eight industries revealed that human resource issues were of significant concern, especially for an educated, responsible, and rewarded workforce. In addition, three factors were emphasized: high quality goods, a blend of competition and cooperation, and preparation for life in a world economy.

Although it is difficult to ascertain how widespread the development is, there appears to be a changing emphasis in the relationship between management and labor. The changes affecting business and industry are having a direct influence on labor-management relations. For example, the export of manufacturing jobs and international competition in the manufacturing sector have resulted in new ways of dealing with labor.

Many employers are using temporary employees acquired through contracts with private personnel agencies, part-time employees with less obligation for fringe benefits, and other cost-saving measures to curtail labor costs. Although one must be cognizant of the potential loss of pay, security and benefits, it is necessary to recognize such developments and the effects they may have on the labor market.

Therefore, at least some leaders in business and industry are changing their conception of human resource management. What appears to be the case is a more flexible approach to the utilization of workers, and a greater sensitivity to the needs of the worker in maintaining interest and motivation for work. Viewing the worker in a more flexible manner, and as a more vital component of the operation, should result in a more enlightened approach to workers with disabilities. The willingness to accept such flexibility may indicate that employers will be more accepting of accommodations, accessibility modifications and other factors that enable more workers with disabilities to enter the labor force.

Americans are also undergoing a number of social and lifestyle changes that have a direct effect on the labor market. Among other trends, the two-income family and single parents/householders are a direct result of lifestyle changes. The growing affluence of Americans has resulted in the ability to purchase a variety of services ranging from houseplant maintenance to pet exercising. Another example is the redevelopment of mail order operations as alternatives to retail shopping, an indication of preferences away from shopping malls and other conventional retail outlets. The use of catalogues may be based on a variety of factors including the desire to spend time in leisure, exercise, and other recreational pursuits. Terms such as "cocooning" are used to describe the process of spending more time at home, with technology such as video cassette recorders and hot-tubs for relaxation and recreation. Finally, the willingness of Americans to change their food preparation and consumption habits can be noted by the proliferation of fast food operations, and the production and consumption of high quality prepared foods that can be microwaved.

The lifestyle changes taking place in American society will have an influence on people with disabilities since these changes appear to be pervasive. Many workers with disabilities are entering the restaurant and food service business as the demand for employees increases, and traditional sources of labor, i.e., young people, are decreasing. In addition, opportunities for employment exist in places such as video stores which cater to movie and videogame rentals. This trend, combined with expanded small business entrepreneurs, may make a number of employment opportunities possible.

Undoubtedly, these and many other factors will have a significant effect on the workplace and the workforce of the future. As we enter the 1990s, many of the changes can be anticipated,

and it is possible to begin to prepare for them. Since the specific charge of rehabilitation professionals and disability advocates is to continually prepare for the opportunities and challenges of the future, it is important to be aware of the potential effects these employment trends will have on people with disabilities, the service delivery system, and those environments which both inhibit and facilitate the employment of workers with disabilities.

Disability-Related Issues

The ability of workers with disabilities to gain access to employment in the 1990s also depends on several disability-related issues, including financial disincentives, insurance, and legislation. These issues have been of significance for a considerable period of time and potential changes, particularly in legislation, may bring about dramatic improvement in the employment rates of workers with disabilities.

Financial Disincentives

The problems of financial disincentives are of critical importance to many potential workers with disabilities. Obviously, some individuals will have great difficulty entering or re-entering the workforce because of the limitations some severe disabilities impose on their ability to work. However, many individuals who receive income from sources such as Social Security disability insurance and Supplemental Security Income administered by the Social Security Administration could become employed, given system modifications that reduce the disincentives. The primary problem for the person with a disability is moving from a secure source of income and related benefits (health care, food subsidies, etc.) to earnings that will not support the same standard of living. Such circumstances present recipients of these benefits with a double-bind: they are committed to the American work ethic and prefer to be employed, yet they realize they face a reduced standard of living and loss of essential medical care if they choose to become employed.

In response to this problem, Congress authorized the Social Security Administration to undertake projects generally referred to as the 1619 (a) and (b) demonstrations (Castellani, 1987). These allowed continuation of financial and medical benefits for SSI beneficiaries who returned to work by offsetting income up to a break-even level if other eligibility requirements continued to be present. The demonstrations resulted in changes to the Social Security Act, implementing provisions to allow for employment and the receipt of benefits given that the income from the employment did not exceed certain limits.

According to Walls, Dowler and Fullmer (1990), there is considerable use of the 1619 provision today and these authors concluded that the SSI system has more incentives to work than does the SSDI program. However, they also indicated that many targeted SSI recipients continue to experience significant disincentives to employment: "...although the number of SSDI beneficiaries continues to increase and the 'replacement rate' of benefits for earnings has continued to climb, virtually no one goes back to work and leaves the SSDI rolls. Once they begin receiving benefits, only 0.5 percent leave the rolls each year as a result of work activity." (Walls, Dowler & Fullmer, 1990, p. 265). The available evidence reveals that the more liberal provisions in regard to engaging in employment have had a positive effect on some SSI recipients, but limited effects on SSDI beneficiaries. (It should be noted that recent legislation, Public Law 101-239, Section 1818A, will permit SSDI beneficiaries who discontinue benefits because of work to purchase Medicare. This should remove one of the major disincentives to work for those who can afford to purchase the health care benefits.)

Insurance in the Workplace

Insurance in the workplace, particularly worker's compensation, continues to be a national concern. Worker's compensation insurance premiums have been estimated to cost employers $22.5 billion a year (Berkowitz, 1987). Worker's compensation costs have long been cited by rehabilitation professionals as a major issue in their efforts to conduct job development and placement activities with employers. Rising costs in this area further serve to elevate employers' concerns about the employment of workers with disabilities.

Although worker's compensation systems have changed somewhat in recent years, they continue to operate basically as they have for many years, and tend to present a variety of problems, as reflected by Berkowitz (1987, p. 40): "Ignoring medical improvements and incentives for rehabilitation, the worker's compensation program clings to the outdated notion that benefits should reflect damages. Paying benefits to injured workers who can work is costly, and making payments available for impairments discourages rehabilitation and recovery."

Another problematic cost factor for employers is health care benefits. Health care costs have risen significantly in the past several years, driving up the cost of health insurance premiums. Many plans exclude certain types of coverage that are particularly important to workers with disabilities. Workers with disabilities also face access barriers as a result of pre-existing medical conditions for which insurers may reject or limit coverage.

In the absence of a comprehensive national health care program, both employers and workers with disabilities face significant problems in dealing with health care and worker's compensation systems. Employers continue to be concerned about increasing costs associated with both programs, and people with disabilities frequently face limited access to the general health care coverage provided by the employer, thus serving as an additional disincentive to employment.

Employment-Related Legislation

Since the passage of the Rehabilitation Act of 1973 and subsequent amendments to the Act, people with disabilities have been able to experience significant changes in accessing vital employment preparation programs and employment opportunities. The provision of the Rehabilitation Act coupled with the Education for All Handicapped Children Act of 1975 opened access to elementary, secondary and postsecondary programs. The employment anti-discrimination provisions of the Rehabilitation Act were limited to recipients of federal funds and federal contractors. Although this has had a positive effect on employment opportunities for workers with disabilities, the Act

does not provide the same assurances as legislation such as the Civil Rights Act of 1964.

To address the shortcomings of the Rehabilitation Act and other problems regarding access for people with disabilities, the Americans with Disabilities Act (ADA) was introduced in Congress and passed this year. The ADA provides essentially the same rights to people with disabilities that Federal legislation extended to blacks and women in the 1960s and 1970s by prohibiting discrimination in employment, and requiring reasonable accommodations by employers. The ADA is widely hailed as another essential element in the movement to fully open employment opportunities for people with disabilities.

Career Development

After examining employment trends in the workplace and some of the disability-related issues affecting the participation by workers with disabilities, it is important to briefly address the career development of workers with disabilities. Career development is a concept that is widely used in education and counseling to indicate a concern with preparation for a career rather than an entry level job. Career development for people with disabilities also addresses the preparation for, and engaging in, a series of jobs constituting an individual's career. Four issues are reviewed in regard to people with disabilities: career preparation, initiation, advancement, and mid-career disability management.

Career Preparation

Awareness of the issues that affect the individual's willingness to engage in career-related activities is critical in the career development process. The determination of the readiness of the person to seriously and meaningfully discuss career decision-making involves an analysis of the person's view of work as a salient life activity. Too frequently in the past, people with disabilities were discouraged from seeing work as a potential reality in their lives. Disability is even defined, at least for many benefit programs and surveys, as the inability to perform work rather than in terms of functional limitations. Therefore, many rehabilitation practitioners continue to encounter people who do not see work as a possible and salient role in their lives.

There is a need for continuing concern with information and education about the potential of people with disabilities to engage in meaningful life activities, including work. Fortunately, one of the most recent images of the changing roles of people with disabilities was the national news coverage of people with disabilities demonstrating for the ADA, and the access provisions for employment embodied in the act— it is much more difficult to view disability as a "totally" incapacitating condition when one has seen such a powerful public demonstration.

In addition to the role of technology in opening employment opportunities for workers with disabilities, behavioral and human service delivery technologies have made supported employment a possibility for individuals for whom competitive employment was not seen as a viable option in the past. This greatly changes the notion of career preparation and job readiness for many individuals with severe disabilities, and opens new avenues for career preparation at the site of employment.

Career preparation also involves the usual access to academic preparation for employment in secondary schools, vocational-technical programs, and colleges and universities. The requirements to open federally-supported educational establishments to students with disabilities has had a positive impact on their participation. Support services are now in place at most colleges and universities and other post-secondary programs. Therefore, the 1990s should continue to bring more students with disabilities into a broad spectrum of educational programs, especially those required for technical, professional and managerial positions.

Nonacademic career preparation programs such as rehabilitation facilities, Projects with Industry, and on-the-job training services will also play important roles in the 1990s. Rehabilitation facilities have undergone changes as other options such as supported employment gain acceptance. Philosophical shifts are moving to direct people with disabilities away from settings such as sheltered employment, with emphasis on preparation for competitive employment.

Career Initiation

Rehabilitation agencies have renewed their interest in job development and placement, recognizing in many instances the need to market rehabilitation services to employers. Current thinking in this area is to market services leading to long-term partnerships with employers, rather than selective placement services seeking employment for a specific client in a specific matched setting. In addition, job seeking skills training programs for disabled job seekers are now widely used, and an emphasis has been placed on access to the employment setting, and accommodations to enable the worker to perform the job.

Career Advancement

The coming frontier for innovation in employment practices for people with disabilities is career advancement. Limited attention has been devoted to this area in the research literature (Greenwood & Johnson, 1985). The emphasis in employment services has been on accessing employment and entry-level positions. With the continuing employment discrimination experienced by people with disabilities, one can safely assume that many workers with disabilities are not seriously considered for advancement opportunities. Interventions and access to mainstream training and services that provide the worker with a disability with the knowledge and skills to advance into managerial and higher level jobs could well be the next area for advocacy and service delivery.

Mid-Career Disability Management

The high costs of maintaining disability payment programs for individuals with mid-career disabilities, coupled with shortages of trained employees, have resulted in concerns for returning to employment workers who become disabled. Employers have a vested interest in cost reduction by participating in return-to-work programs, and employees have the opportunity to continue a career that has been established on productivity and other positive worker traits. Therefore, the continuation of an emphasis on disability management at the workplace seems inevitable.

Summary and Conclusions

Employment trends resulting from demographic, technological, educational, and socioeconomic developments are moving American society toward an entirely different economic environment. These developments are creating a workforce that is nontraditional; and that workforce will bring a variety of nontraditional dimensions to the workplace. This paper has been an effort to review several of the more salient trends and to illustrate how they may affect the involvement of people with disabilities. In addition to describing factors that affect all workers, and illustrating the implications of these factors for workers with disabilities, brief reviews of such disability-related issues as disincentives, insurance and legislation have been provided. Finally, some limited attention was given to the impact of these factors and other issues in regard to the career development of people with disabilities.

Several conclusions stand out as these issues are considered:

- Basic demographic changes taking place in American society are reflected in the workplace with greater participation by women and minorities. These changes should facilitate greater participation by women and minorities who are disabled, and we should see increased participation rates.
- Technological innovations will have both positive and negative consequences for workers. Technology will enable many people with disabilities to perform work that is in keeping with trends in the information and service economy. Also, some workers with disabilities will be displaced by technology and will require retraining and assistance in securing employment.
- The educational requirements for the better jobs in the economy are steadily increasing. Nonacademic and academic career preparation enterprises must be accessible to and embrace people with disabilities in order to assure continued viability in the employment arenas of the future. The full implementation of legislation which guarantees equal access to educational opportunity for people with disabilities must be realized, or this vital human resource will be underutilized.
- Basic socioeconomic factors are changing American consumption patterns and expectations from work. The trend toward increased recognition of the importance of effective utilization of human resources, and attention to worker motivation, interests and needs should have a positive effect on the acceptance of people with disabilities as viable workers.
- Financial disincentives for people with disabilities continue to be a major employment problem. People with disabilities will continue to be unable to enter or return to the workplace, given the loss of benefits that are likely to result from such action. Unless some additional reforms are undertaken to permit people with disabilities to maintain equivalent standards of living and health care when not working or working, many will be unable to fulfill their desire to be productive workers.
- Access to adequate insurance coverage continues to be a primary inhibiting factor for workforce participation by workers with disabilities. There is a need for continued attention to worker's compensation programs, and the tendency of such programs to inhibit rehabilitation and return to work. In the absence of a national health insurance program or other means of assuring that government financed benefits are replaced by private insurance programs, many people with disabilities will not be able to enter or return to the workplace.
- Legislation prohibiting discrimination in employment and accommodations has had an overall positive effect on the employment experience of workers with disabilities. The passage of the Americans with Disabilities Act is a critical factor in extending equal access to employment. Although such legislation requires diligent enforcement for success, it is an essential element in effective overall employment policies for people with disabilities.
- Career preparation programs for people with disabilities are undergoing significant changes with greater access to academic and nonacademic options. Access to career preparation and rehabilitation programs will enable many people with disabilities to become productive workers. The expansion of community-based programs and access to mainstream career training opportunities will continue into the 1990s.
- Access to employment continues to be a major concern for rehabilitation service providers and advocates and a variety of interventions are being used to prepare the job seeker and establish greater acceptance by employers. Expanded efforts to work with employers and prepare disabled job seekers will be undertaken. The use of services such as independent living programs to advocate for employment opportunities is also envisioned as an important adjunct to current efforts by vocational rehabilitation, Projects with Industry, and private rehabilitation programs.
- Career advancement is an area where limited information is available, but appears to be one of the frontiers for disability activism in the 1990s. Rehabilitation legislation will be viewed more liberally in the 1990s, and permit increased access to services through increased use of postemployment provisions to help employers and workers with disabilities in career advancement.
- There will be continued concern for disability management in the workplace because of the emphasis on cost reduction and utilization of scarce human resources. There will be increased use of public vocational rehabilitation services as disability management costs continue to increase. Employers will also be willing to invest in retaining skilled and productive workers because of the difficulties in replacing them with the more limited pool of available workers.

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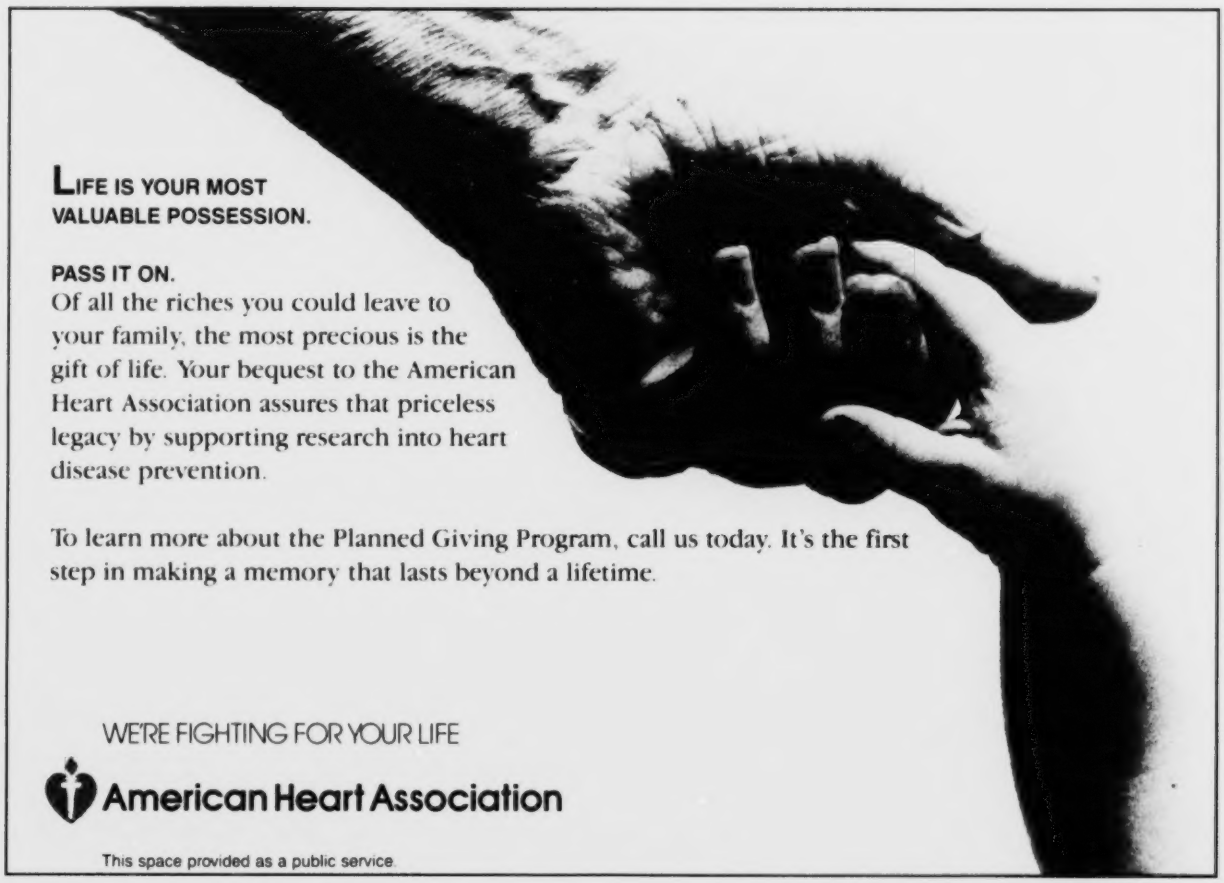
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Excerpts of Reviews & Comments

One area that will need additional attention is the examination of these numbers for specific disabilities and the adaptations of technology for each category. Our research shows there are over 600 companies who have developed one or more computer adaptations to allow a person with a disability to operate a workstation. Out of these 600 however, there are probably 20 major suppliers. Prices of their adaptations may be higher than absolutely necessary due to the low volume of users and the lack of competition. A more precise definition of the market potential would encourage more developers, providing more creativity, a larger number of selection alternatives, and more competitive prices for the available assistive devices.

One of the major immediate problems is the lack of awareness of employers, educators and people involved in rehabilitation training as to what is already available. The Technology Related Assistance for Individuals with Disabilities Act of 1988, P.L. 100-407 is designed to establish technology centers in each state to implement consumer-responsive programs to increase awareness, information dissemination and training. As of May 1990, 22 states have been awarded grants by the U.S. Department of Education that are controlled by an agency designated by the Governor of each state. The grant recipients are Alaska, Arkansas, Colorado, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Mississippi, Nebraska, Nevada, New Mexico, North Carolina, Oregon, Tennessee, Utah, Vermont, Virginia, and Wisconsin. People in these states can contact their Governor's office to determine the organization and plans for their states.

Education and job readiness have to be two of the key factors in the integration of our young people into the mainstream of our society. The implementation of P.L. 94-142 was significant in paving the way for equal educational opportunities for all handicapped children. Now is the time to step back and determine the effectiveness of this legislation and to look at the successful programs that are currently in place. The book, "Transition from School to Work— New Challenges for Youth with Severe Disabilities" by Dr. Paul Wehman et al., School of Education, Virginia Commonwealth University, is an excellent guideline to accommodate children with disabilities. On page 9, the authors state, "All too often, vocational training for handicapped youth has not begun until the student is approximately 15-16 years of age. Since many handicapped youth learn very slowly, common sense dictates that vocational experiences should begin early and should continue through the student's school years". On page 8, they state, "Training activities must be designed to prepare persons for vocational opportunities that are actually available in their community".

This book complements a project in Virginia, "Partnerships Linking Agencies Concerned with Employment and Maximizing Employment Networks in Transitioning, Project PLACEMENT". The objective of Project PLACEMENT is to form a coalition of the Department of Education, Vocational Rehabilitation, Community Colleges, Vocational Training Programs, State Universities, disabled students, their parents and industry to insure the proper preparation of students for competitive employment in their local communities. We need to see more publicity and acknowledgement of proven programs that can be replicated across the United States to accommodate our youth with special needs.

While the young people who are still in the education system must be "academically and vocationally" prepared, we must address that part of the population who have passed beyond this point in their lives. A vocational and literacy strategy must be developed to upgrade the competency that will provide the vocational skills that are appropriate for competitive employment in a local community. A "home delivery", possibly using Public Broadcasting TV, or a network of computers temporarily installed in homes with central site teacher supervision of programs designed to develop specific skills, or a public school "after-hour" vocational preparation model must be put in place to give people who have slipped through the education net the academic and vocational skills to be prepared for employment. The initial expense can be off-set by the finding of the Minnesota Governor's Report on Technology for People with Disabilities of June 1986 that documents a $11.44 return on investment for every vocational rehabilitation dollar spent.

To quote from *Workforce 2000* page xxvii, "Education and training are the primary systems by which the human capital of a nation is preserved and increases". On page 111 of Opportunity 2000 the Louis Harris 1987 poll is quoted, "66 percent of managers who had not hired disabled people in the preceding three years said that an important reason for not doing so was the lack of qualified applicants". In the Atlanta Constitution on February 19, 1989 there was an article featuring Secretary of Labor Elizabeth Dole entitled "Too Many Jobs and Not Enough Workers". In the same paper there were 31 pages of Help Wanted positions in the classified section of the paper. Surely, many of those positions could have been filled by a person with a disability who was "job ready".

The consequences of not providing academic and vocational skill preparation will negate the potential gains legislated by the Americans with Disabilities Act. Legislation notwithstanding, we must address the issue of "job readiness" of our people who are disabled if they are to assume their rightful place in our society. This must be addressed as a national priority with the cooperative effort of government, education, parents, business, unions and the disabled community. We have enough studies. *Now* is the time for an aggressive education and vocational preparation program for our people who are disabled.

—Jim Breene

Reed's assessment of employment and disability issues for the 1990s was very informative and overall I believe offers a positive picture for employment of people with disabilities. Continued studies by Du Pont shows that people with

disabilities make safe, productive, and dedicated workers. With their high unemployment rate, they are a valuable resource in meeting the needs of business in the future.

I would like to caution us not to write off large American manufacturing too quickly. We in manufacturing are not just shrugging our shoulders and giving in to the common belief that good quality and competitively priced products cannot be manufactured in the United States. During the latter half of the 80s, downsizing has occurred in much of the manufacturing sector in the United States. This downsizing took place primarily in the staff and supervisory functions. In some manufacturing sites supervisory levels were reduced by 50%, and in some cases hourly workers have no direct supervision on shift work. In staff jobs entire functions have been eliminated and work either eliminated as unnecessary, consolidated at corporate units, or pushed down to manufacturing sites.

To accomplish this change means changing the overall philosophy of how we do business. People at all levels have to be empowered to take on a bigger chunk of responsibility. Their involvement in working as a team to accomplish common goals is essential. Everyone must share in the knowledge of what must be done to meet the challenge of producing a quality product that competes in a worldwide market.

Partnering will be the buzz word of the '90s in business. Partnering means all functions in business will work together; human resources, research & development, manufacturing, and marketing to meet the challenges ahead.

Partnering will also be the key to employment of people with disabilities in the '90s. Because of the downsizing I mentioned earlier, business no longer has the ability to work with a multitude of agencies representing people with disabilities. Business needs "one stop shopping". We need to be able to depend on one agency which will become familiar with our business needs and match those needs with the qualifications and abilities of people with disabilities. One approach that I have seen work is the Project with Industry (PWI) model. This PWI model emphasizes partnering of business, rehabilitation, education, and government in meeting the needs of business and providing meaningful employment for people with disabilities. Whether this partnering takes place through a PWI model, through active Governor's Committee Programs, or other innovative approaches, it will be the key to meeting all of our objectives in employing people with disabilities. Business needs and wants to be involved.

—Richard L. Drach

Dr. Greenwood's paper clearly states the demographic, societal, technological and educational factors which will impact the 1990s employment picture for persons with disabilities. These factors will create a "window of opportunity" for significant advances in the employment of persons with disabilities. However, his paper clearly points out directions and actions which must be taken in the areas of personal training, and legislation if this "window of opportunity" is to stay open and be wide enough for persons with disabilities to move through in great enough numbers to truly impact on the high unemployment rate which currently exists. History has shown (World War II) that unless permanent change is made in societies' attitudes and education regarding persons with disabilities they will not permanently benefit from this "window of opportunity".

The factors and ideas presented in Dr. Greenwood's paper are also addressed in Mr. O'Bryant's paper (see Chapter two) and in some degree in the other presenters' papers. To me one of the most important implications from all I read is that this nation needs a disability employment policy establishing employment as *the priority* of all programs and organizing and facilitating public programs to support this goal. This needed "National Policy" should be formulated by the Congress of the United States.

—Faith S. Kirk

Dr. Greenwood's paper has many implications dealing with issues of employment for the disabled worker as well as employment. It would appear that certainly there will need to be many changes in order for the disabled worker to enter the workforce.

Rehabilitation will need to become stronger in technical assistance programs through training and education. Colleges and universities need to take an active role in development and strategies for training of new practitioners. Institutions of higher learning should stress the issues of the impact that minorities and women will make on the workforce.

Personnel will need to become more aware of the needs of the disabled. Both the private and public sectors' job placement professionals will need further training to be able to help access the work place.

Disincentives will need to become more targeted if the disabled are to enter a more competitive job market. In order for this to happen, there need to be more positive incentives.

Legislators will need to be more informed of the needs of the disabled as well as the different work areas and the needs of employers. Maybe a council of employers and practitioners should be set up for this. Federal as well as state legislatures need input from both sides to make concrete decisions.

Service delivery of programs need to be more organized and communication between public and private agencies must improve.

In short, these agencies must cooperate with one another and exchange information, resources and knowledge to benefit the disabled worker.

Professionals will have to acquaint themselves with newer technology in order for the proper match to take place when placement is possible.

—Charles L. McAdoo

This paper presents an interesting overview of employment trends and disability related issues, as well as citing some alarming statistics. The author discusses a 1988 survey by the National Center for Health Statistics which found that 36% of males with disabilities and 28% of females with disabilities were in the labor force in 1987. Further, average annual earnings of persons with disabilities were running from $3,000 to $6,000 behind their non-disabled counterparts.

I believe this employment differential ties in with an issue brought up later in this paper, specifically that of education and training. Although our educational system is not without its own complex problems, it is the only one we've got at the moment, and I concur with the author's statement that "Americans believe in education as a tool for upward career mobility...." I believe that persons with disabilities are often not encouraged— and challenged— to progress academically, nor are they readily mainstreamed into all aspects of the educational process which foster development of effective problem-solving skills, communication as well as learning skills.

There are several implications that need to be considered. If young persons with disabilities are not sufficiently challenged within the educational system, they will be entering the workforce lacking vital academic skills and daily living skills. The educational service delivery in the academic environment would be greatly enhanced by the addition of qualified Rehabilitation Counselors within the school system to help vocationally and emotionally prepare the individual for his or her post-academic pursuits.

Additionally, we cannot overlook the vital role the family of a disabled person plays in helping that individual in developing independence, self-esteem, and problem-solving skills, or (as I have more often seen) in hindering the development of same.

Further, there is clearly a need for additional research in the area of career development for persons with disabilities, particularly in the area of career advancement. I believe this is a topic which warrants the attention of the 1990 Switzer scholars.

Finally, the author concludes that there will be increased use of public vocational rehabilitation services as disability management costs continue to increase. Instead, I see the private sector rehabilitation professionals as the resource which will be tapped more frequently to deal with workplace disability management and cost containment issues for employers.

—Patricia Nunez

This action paper essentially addresses the following issues:

- Identification of emerging trends in society, the economy, the workplace and through proposed legislation that will enhance employment opportunities for persons with disabilities; and those, that while enhancing, may also bring about new issues, requiring resolution;
- Continuing disincentives and unresolved issues relative to employment and access to employment that will have a negative impact despite trends that will enhance employment opportunities (i.e., social security regulations, workers' compensation and insurance issues); and
- The impact of national issues (i.e., lack of a National Health Care Program, declining educational system) that have direct bearing upon the success in enhancing employment opportunities for persons with disabilities.

One salient conclusion demanding immediate attention, however, is that employment trends are creating a workforce that is non-traditional which will in turn, bring a variety of non-traditional dimensions to the workforce.

The primary implication of this paper is that it is time (or past time) for the State/Federal Vocational Rehabilitation Program, its constituents, allies and consumers to "seize the day" and declare the issue of emerging trends in the 1990s and its impact on disability and employment, a national priority to be addressed, and to set a national agenda for action.

The concept of marketing affords an organization the opportunity to strengthen its focus, define its audience, develop goals, determine resources, apply resources and evaluate success. Likewise, among rehabilitation personnel, advocates, consumers, no terms are more appropriate today than "finding a common ground" and "coalition-building" in order to successfully effectuate the same terms with the employer community. Special interests of rehabilitation projects/programs/groups/organizations must not result in overlooking the "bottom line"— enhanced employment opportunities for persons with disabilities. At best, issues discussed in this paper are tantamount to a "market analysis." Likewise, it is not time to develop a "marketing plan."

This paper has in addition to the aforementioned discussion, implications for the following:

- A development of a strategic plan with goals, objectives, milestones, time frames and responsibilities. Leadership role should be assumed by the Department of Education, Rehabilitation Services Administration. The plan will provide direction and guidance to states.
- Objectives should address the three major areas addressed in the paper and outlined in the beginning of this review.
- The national plan should further develop into individual state plans (not state agency plans) with state options to prioritize and modify according to assessed state needs.
- A mechanism for monitoring and evaluation should be in place.

—Ruth Royall-Hill

There were some points which could add to the strengths of this paper which gives a good overview of the factors affecting disability in the decade. The role of the vitality of the economy has an impact upon the application rate for disability benefits by persons in the labor force (Haber, Howards and Brehm), with a weak economy resulting in a higher benefit application rate. In the past this condition has affected employment patterns in society.

The differential in the employment patterns by sex may change as a result of other societal changes. In his book on the changing conditions for women in the labor force, Victor Fuchs notes that an analysis of crude rates of employment and income differentials disguise significant changes which have occurred and are occurring in the labor force. Might the same thing be occurring in the employment of persons with disabilities? I expect this may occur over the next decade.

There was recent legislation permitting Social Security disability insurance (SSDI) beneficiaries who ceased beneficiary status due to work activity to purchase Medicare for an indefinite period (Public Law 101-239, Section 1818 A). This was effective July 1,1990. In addition, legislation was approved re-

quiring employers to be certain employees who become disabled would not be uninsured during the 29-month period before they would receive Medicare under the SSDI program.

The final comment is the analysis of prevalence of disabling conditions in the general population would be enhanced by inclusion of information contained in the analysis of the Framingham Heart Study by Brehm and Rush.

—Thomas V. Rush

Dr. Greenwood has presented a most excellent kaleidoscope of changes that will impact on our profession during the '90s. It is very clear, as has been the case with minorities and women, that larger numbers of disabled persons will enter the labor market. The number will depend on the availability of accommodation, the educational system's capacity to train individuals to communicate and solve problems, and the willingness of employers to accept representatives from America's most educated minority group. This will be particularly true when the Americans with Disabilities Act becomes law.

Counselors will need to recognize the fact that they are a vital assistant in a firm's management in Human Resource. Rehabilitation practitioners must understand that their clients are binary today. The employer is as much a client as the disabled individual being served.

Career Initiative— Too many employed disabled persons have not been afforded the opportunity to advance up the career ladder. The goal of equal opportunity is to create a situation where the personnel and management systems behave equally and equitably toward all.

At the graduate level, rehabilitation counselors themselves should be trained to be more aware of marketing. Only by establishing a long-term relationship with a company, will the counselor acquire the necessary information needed to assist disabled persons who are already employed. Rehabilitation services represent a powerful human resources management took, whether they are under contract with the company or performed by a salaried employee.

It is very clear that just as the world of work will continue to change so must the educational system if workers are to be prepared for tomorrow's jobs. Similarly, rehabilitation practitioners must break away from their self-encapsulating cocoon and use their skills to help disabled persons and their employers in an ever-increasing variety of circumstances, settings, and coverages.

—Paul L. Scher

Dr. Greenwood has presented a very comprehensive review of major areas of concern, including demographic, socioeconomic, employer related, legislative, and career development issues. I wish to address my attention to issues related specifically to financial disincentives facing people with disabilities when entering or re-entering the workforce, and financial issues which bear upon employer acceptance of hiring workers with disabilities.

It is well known that in our current system, both public funding, i.e., SSI and SSDI, and private insurance funding are based on documentation of a significant disability that impairs a person's ability to work. Loss of income and associated benefits are a serious consideration when a person with a disability contemplates seeking employment. The federal Social Security modifications in the SSI program have decreased financial disincentives but the issue is still crucial in the SSDI program. Further federal changes are needed to address this financial barrier.

At the state level, in many Workers' Compensation systems, a similar situation is true. This is also greatly complicated by the prominence of litigation, where an enhancement of the degree of disability and inability to work, and consequent loss of earnings ability, is directly tied to settlement value. With the perceived threat of loss of money, recipients of workers' compensation are discouraged from focusing on rehabilitation and return to gainful employment until after litigation issues are resolved. Unfortunately, by focusing on this often prolonged legal process, the advantage of early intervention is lost. Under some state laws, eligibility for rehabilitation is compromised or forfeited.

Rather, the workers' compensation system would better serve its recipients and increase cost effectiveness by tying continued financial benefits to medical improvement and positive commitment to utilization of rehabilitation services.

Employer acceptance of hiring people with disabilities is also colored by concern for increasing financial costs in subsequent workers' compensation claims and higher health care insurance premiums. These concerns could be reduced if employers would carefully screen potential job applicants for prior industrial or other disability occurrences. The purpose would not be to "screen out" individuals, but rather to more appropriately match workers to job requirements. This would reduce the risk of subsequent aggravations resulting from inappropriate job demands. This would also allow the employer to take advantage of financial incentives already available, such as second injury funding, Targeted Jobs Tax Credits, and third party funding for on-the-job training, trial work periods, and supported employment.

—Karen M. Siders

The data so thoroughly reviewed by Dr. Greenwood make plain that people with disabilities are not participating in meaningful work in keeping with their preferences and abilities. In addition to the statistics given, it should be noted that while the numerical total and diversity of types of people with disabilities employed has increased over the years, the percent employed has actually declined from 41% in 1970 to 33% in 1988. In addition, the August 1989 Census Bureau report indicates that the income of people with disabilities dropped— for men by as much as 13% and for women by as much as 7%— from 1981 to 1988.

While the demographic, educational, technological, and socioeconomic trends set forth can open doors, efforts must be made to take advantage of these opportunities. For example, more and more colleges are becoming architecturally and programmatically accessible to persons with disabilities. But students must actively participate in the career planning process, select appropriate fields of study, and acquire the technical skills needed in

today's labor market. Toward that end, several universities have established linkages between the offices serving students with disabilities and career placement services, and current research is underway to identify successful programs.

In response to legislation and in keeping with sound business practice, equipment manufacturers are considering the needs of persons with disabilities at the design stage, with a view toward making fewer modifications necessary later on. In purchasing new equipment for use in the work setting, care should be taken to assure that it will be usable by persons with disabilities and that they are trained in its operation.

The need to utilize all available human resources should encourage the employment and career advancement of persons with disabilities, as well as the retention of workers who become disabled. However, this will require the elimination of stereotypes and consideration of persons with disabilities for other than traditional jobs. Employers must challenge their employees with disabilities with new assignments, while promising the training and equipment resources needed for success. Older workers and others with disabilities should be encouraged to request and use assistive devices to facilitate productivity on the job. Retention efforts will require the forging of intra-organizational partnerships between risk/benefits managers and affirmative action professionals who have knowledge of reasonable accommodation and community resources to facilitate early return to work.

—Lana Smart

This paper provides an overview of demographic and workplace trends that can be expected to affect future employment options. However, there are some disadvantages or additions to these trends that need to be examined for their implications for policy development.

The author describes the problem employers have with literacy and the fact that many people with disabilities do not have extensive education. It would be interesting to know the literacy rate for the population of people with disabilities. If we can demonstrate that people with disabilities are more literate (if not officially educated) than other new entrants, then we have even stronger evidence of their employability.

The paper also predicts that the Japanese management style will become even more in vogue. Unfortunately, there are some disadvantages with the Japanese management style for people with and without disabilities. These disadvantages include very long working hours and little vacation. Japanese businesses are also required to hire a strict quota of disabled employees, but many of them accomplish this quota by putting all disabled employees in distant enclaves. Therefore, there are some aspects of this culture we specifically do not wish to copy.

The trend toward using temporary employees could actually be harmful for people with disabilities, as these temporaries generally do not have benefits, employers cannot make substantial accommodations for someone who will be working only a short time, and it is difficult for people with some disabilities to be forced to frequently adjust their time and travel schedule.

The increase in jobs in the restaurant and food service business could also be detrimental since these jobs are often low-paying, offer few benefits and involve employers who have few resources to use in making accommodations. The same is true for the small businesses mentioned, such as video rental stores.

It is important to mention, as Dr. Greenwood does, the barriers erected by insurance practices, such as pre-existing conditions. In particular, some insurance companies have a clause that disallows payment for conditions that existed before the policy went into effect, whether or not the person knew about the condition. So someone may feel fine, change jobs, and discover four months later that s/he has cancer. Because most cancers take some time to grow, the insurance company can deny coverage, even though there was no way for the beneficiary to know about it. This practice cannot be allowed to continue. The ADA does not touch insurance barriers, so health system reform is the next major battleground for the disability constituency.

—Sara D. Watson

Chapter Two

Employment and the Worker with a Disability: A Corporate View

Tom O'Bryant

For those of us in the "people" business, the decade of the '90s promises to be the most challenging of this century. Nowhere does this become more evident than in the recently published *Workforce 2000*. In 1987, the U.S. Department of Labor commissioned the Hudson Institute, a research organization headquartered in Indianapolis, Indiana, to conduct extensive analyses of projected economic trends and demographics, specifically as they might impact the job market. The results of this in-depth research could then be utilized by both public and private organizations to better prepare to meet the job market challenges of the 21st century.

The Hudson Institute published its findings in a report entitled *Workforce 2000— Work and Workers for the 21st Century*. The report cites 5 major demographic issues that will impact the workforce and the work it will perform as we progress toward the year 2000.

- *The population and the workforce will grow more slowly than at any time since the 1930s*. The "baby boom" that followed World War II and the Korean War has passed. The "baby boom" was followed by the "baby bust" during the '60s and '70s, and this trend continued into the '80s. Couples today are opting to have fewer children, or no children at all, as dual careers and economic pressures make child rearing much more difficult. Thus, slower growth in the population and the workforce will continue for the balance of this century. This trend will likely continue into the 21st century.
- *The average age of the population and the workforce will rise, and the pool of young workers entering the labor market will shrink*. The "baby bust" era will account for a decline of teenagers living in this country by 6 million between 1980 and 1990. By 1999, there will be 15 million fewer people between the ages of 18-25 than there are today. Currently, Americans over age 65 outnumber teenagers in this country.

Obviously, as the number of younger workers declines, the average age of the workforce will rise. At the same time, early retirement continues to grow in popularity. Only 15 percent of men over age 65 are in the workforce today, down from 25 percent in 1970. Only 68 percent of those ages 55 to 64 still work, as compared with 83 percent two decades ago. In 1974, the average Fortune 500 company had 12 active employees for every retired employee. Currently, there are 3 active employees for every retired employee. As a result, the labor pool is shrinking, and employers that have historically been accustomed to large pools of highly qualified applicants now face a genuine shortage of qualified applicants to match job openings.

- *More women will enter the workforce*. Increasing economic pressures are forcing women out of the home and into the workplace, and the demographics are changing dramatically. In 1985, women comprised 44 percent of this nation's workforce. By the year 2000, women will comprise 47 percent of the workforce in this country.
- *Minorities will be a larger share of new entrants into the labor force*. It is projected that one-third of all new entrants into the workforce between 1985-2000 will be minorities. Yet, Blacks and Hispanics, particularly in the inner cities, have the highest dropout rates and lag significantly behind the national average test scores. One notable exception is the Asian American community who continually exceed the national average test scores.
- *Immigrants will represent the largest share of the increase in the population and the workforce since the First World War*. Approximately one-fourth of all new entrants into the workforce between 1985-2000 will be immigrants. Currently, it is estimated that 600,000 legal and illegal immigrants enter the United States each year, and it is projected that this trend will continue through the year 2000.

In addition to these major issues, *Workforce 2000* also identified some additional trends.

- *Ninety percent of new jobs in 1995 will be "service" oriented; less than 10 percent will be in "manufacturing."* The "smokestack" or manufacturing jobs are fast disappearing. As a nation, we have lost 237,000 jobs in the steel industry; 182,000 jobs in fabricated metals; 434,000 jobs in heavy machinery; and 300,000 jobs in textiles, to cite a few examples. Furthermore, since 1980, large industrial companies have reduced their workforce by some 3.1 million employees.

TOM O'BRYANT is Director, Equal Opportunity Affairs, Champion International Corporation, Stamford, Connecticut.

Since 1970, 90 percent of all new jobs have been in the service sector.

- *Jobs of the future will demand more skilled workers.* Tomorrow's jobs will require greater skills, yet we find ourselves fishing in a shrinking labor pool with alarming skills deficiencies. More than half of all new jobs created in the future will require some education beyond high school and almost a third will require a college degree. Yet, more than three-fourths of the nation's new workers will have limited verbal and reading skills. Fewer than one in four will be able to function at the needed levels.

There are three forces that will account for the higher skills requirement in the future.

- Technology is upgrading the work requirements, requiring higher reading and math capabilities.
- Job growth will occur faster in the high-skilled occupations, and the greatest growth will be in the service sector.
- The manner in which work will be organized will require a complete new set of skills. Work will be performed by work teams, and team members must be capable of performing multiple functions within the work team. Greater worker flexibility will be critical.

One of the major problems facing industry today is education, or the lack of education. Our nation's educational system is failing miserably. In 1850, 90 percent of our nation's workforce was literate, whereas only two-thirds of Great Britain's workforce was literate. This fact greatly contributed to our superiority in manufacturing and productivity. In 1988, 95 percent of the Japanese workforce was functionally literate, while America's workforce literacy rate was only 85 percent.

Many reasons account for this decline, but one obvious reason is the length of the academic year. In America, our students attend classes 180 days a year; in France and Germany, students go to school 220 days a year; while Japanese students attend school 240 days a year. Thus, by graduation, Japanese students have been to school 1 to 3 years longer than American students, and most have the basic knowledge of the average American college graduate.

Ninety-five percent of Japanese students graduate from high school while only 75 percent of American students graduate, and this percentage continues to decline annually. The dropout rate continues to grow at an alarming rate, especially among inner city minorities where the dropout rate approaches 50 percent in cities like New York, Chicago, and Washington, D.C. Much of the success of Japanese industry stems from the fact that its blue collar workforce can interpret advanced mathematics, read complex engineering blueprints, and perform sophisticated tasks on the factory floor far better than American blue collar workers.

Concerns about our educational system and the deteriorating quality of education are becoming a national issue. Following are a couple of statistics that support the growing concern. It is estimated that 2 out of 3 high school juniors don't know in which century the Civil War was fought. In 1986, 700,000 graduates couldn't read their diplomas, and 35 percent of this nation's llth graders wrote at or below this level:

"I have been experience at cleaning house Ive also work at pool be for I love keeping thing neat organized and clean. Im very social Ill get to know people really fast"

—*Business Week*, 9/19/88

Foreign competition has virtually eliminated meaningful earnings prospects for the less educated. As long as this nation continues to "export" jobs, the less educated in this country will have to compete for jobs with lower wage citizens in other countries. As long as we continue to locate companies in countries like South Korea and Mexico, the less educated in this country will continue to be disadvantaged because we simply are not competitive in certain international marketplaces. In South Korea, for example, the average factory worker earns $1.19 per hour; works a 54-hour week; and the concept of overtime pay is virtually unknown.

A former business associate of mine currently resides in McAllen, Texas, a border town. Daily he crosses the border into Reynosa, Mexico where he is employed as the Plant Manager of the Converse tennis shoe factory. At this plant the workday is nine hours; the workweek is six days; and the average production worker is paid $3.60 a day. These jobs used to exist in this country. The trend of "exporting" jobs, particularly the less skilled, labor intensive, manufacturing jobs continues, while the availability of jobs for the less educated in this country continues to shrink accordingly.

These are but some of the problems facing business as it struggles to fill new jobs that require greater skills than ever before. To illustrate the magnitude of the problem, the following examples are offered.

- *Chemical Bank* in New York has to interview 40 applicants to find one who can successfully be trained as a teller.
- *NYNEX* recently had to test 60,000 applicants to hire 3,000 people.
- *IBM* installed millions of dollars worth of computers at its Burlington, Vermont facility and then had to teach high school algebra to thousands of workers before they could operate them.

Three out of four U.S. companies are forced to train new workers in basic reading, writing, and math so they can function at minimal levels. As many as one out of four factory workers spend their entire working day fixing the mistakes of other workers.

Business is beginning to recognize the magnitude of the problem, as evidenced by the front page text of these recent publications:

- *"30 Percent Of Your Employees Can't Read This Headline... And It's Costing Your Business Plenty"*
  —*Nation's Business*, October 1988
- *"27 Million Americans Cannot Read This. What Can You Do About It?"*
  —*Personnel Administrator*, August 1989

Thus far in this endeavor, the attention has been focused on the major conclusions delineated in *Workforce 2000* and the problems we anticipate in satisfying our "people" needs for the balance of this century. While the challenges are monumental, this nation has a history of proven capabilities in meeting and successfully dealing with formidable challenges. Educational reform must become a national priority if we are to compete and survive in a global economy. Additionally, we must inventory our available resources and ensure that they are deployed and utilized to their maximum. This applies particularly to our available *human* resources. In a nation with the highest levels of employment in our history, it is a national tragedy that we have

consistently overlooked one of our truly untapped resources — qualified persons with disabilities.

As a nation we can no longer afford the cost of keeping the disabled on government supported programs. It is estimated that 8 percent of the gross national product (GNP) of this nation is consumed by governmental and private programs and subsidies to persons with disabilities.

In 1985, a poll of people with disabilities was conducted by Louis Harris, the noted pollster. The poll determined that two-thirds of all Americans with disabilities between the ages of 16 and 64 were not working, and a large majority, 66 percent in fact, indicated they would like to be employed. This equates to 8.2 million people currently being maintained by American taxpayers at an incredible cost to this nation of over 100 billion dollars annually. Yet, these same 8.2 million disabled Americans tell us they want to work, be productive, be independent, and become tax-paying citizens.

A year later, a second poll was conducted by Harris. This poll surveyed employers. Job discrimination was cited as one of the most persistent obstacles to employment of people with disabilities. However, this same survey pointed out that the overwhelming majority of managers surveyed gave disabled employees a good or excellent rating on overall job performance. Managers reported that nearly all disabled employees do their job as well or better than other employees in similar jobs and that the disabled employees are no harder to supervise than non-disabled employees.

The challenge then is to make *tax producers* not *tax consumers* of qualified disabled Americans who want to work. Business certainly owes no one a living, but it surely does owe individuals the right and the opportunity to earn a living. Most people with disabilities are not seeking charity but the opportunity to gain economic freedom by being gainfully employed. Employment should result from the recognition that many people with disabilities have the skills, abilities, and interests to successfully compete in today's labor force.

Tragically, over the years, the employment of persons with disabilities has been at best a series of slogans and empty promises. Currently, only 46 percent of men with disabilities and 35 percent of women with disabilities are in the labor force. This compares with 88 percent of men and 60 percent of women without disabilities now at work.

Several factors are combining to have a positive impact on employment opportunities for persons with disabilities. First, business is beginning to need them as we start to contend with a labor shortage. Another significant factor is the cost of disability. Employers are faced with employee medical benefits and compensation costs that are escalating annually at alarming rates. The payout in worker's compensation alone has reached 22 billion dollars annually. Faced with a labor shortage and a skills deficiency, employers are fast recognizing the substantial investment they have in current employees, and many are beginning to nurture that investment. As a consequence, many employers are starting Wellness Programs to encourage employees to remain physically fit so medical costs can be better controlled. As a result, employees who participate remain physically fit, healthy, and more productive.

Employee Assistance Programs are becoming prevalent to assist employees in dealing with personal problems, such as family, marital, financial, emotional, stress, and substance abuse. Return-to-work initiatives are another new concept. All of these programs have demonstrated the value of early intervention in the prevention of medical problems, in assisting employees in dealing and coping with personal problems, and in facilitating a speedy return to work after a disabling injury or illness. Light-duty work programs are being implemented to transition an injured or disabled employee back into the workplace. Gradually, employers are beginning to realize that employees are truly one of their most valuable assets— one that can no longer be looked upon as a disposable resource.

Congress has also recognized that disabled Americans have too long been treated as second-class citizens. The disabled comprise the largest minority group in this nation. In May 1989, comprehensive civil rights legislation to provide equal rights for the disabled was introduced in Congress. This bill, known as the Americans with Disabilities Act, is likely to be enacted during 1990. This legislation would prohibit discrimination in areas such as employment, housing, public accommodations, travel, communications, and activities of state and local government. The Americans with Disabilities Act, the "Civil Rights" bill for the disabled, is supported by President Bush. In his first message to Congress on January 9, 1989, President Bush spoke directly to the 43 million Americans with disabilities. He said:

"You belong in the economic mainstream. We need your talents in America's workforce. Disabled Americans must become full partners in America's opportunity society."

The passage of this landmark legislation will open additional doors in the employment sector for the disabled. As currently drafted, the legislation would become effective two years after enactment for employers having more than 25 employees, and after three years, the legislation would apply to employers having more than 15 employees. It is the smaller employer group, those with less than 100 employees, that presents the greatest challenge and the greatest opportunity. Most large- to medium-sized employers, many of whom are federal contractors, have been involved in affirmative programs with the disabled for years. That is certainly not to suggest that much more could and should be done in the future. It merely recognizes that the real opportunities will occur with the smaller employers. To understand this contention, one must rethink the term *employer*. It doesn't mean *big* anymore.

In 1985, 2 million new workers entered the labor force. Of this total, 44 percent were employed by companies with fewer than 100 employees; 29 percent were employed by companies having between 200-2,000 employees; and only 27 percent were employed with companies having more than 2,000 employees. Currently, small employers are estimated to account for 75 percent of the nation's employment.

Even with the enactment of the Americans with Disabilities Act, we still have a monumental task facing this nation. Employment of people with disabilities must become a national priority. Attitudes continue to be one of the major obstacles to employment for people with disabilities. Many employers still focus on the disability and fail to recognize the abilities. We must learn to focus on individuality— what the person can do. We must eliminate stereotypes; concentrate on "screening in" qualified disabled candidates rather than "screening out" during the interview process. Reasonable accommodations, including modifica-

tions to jobs and work methods, are rarely costly and are a bargain when the end result is a good job match with a qualified disabled employee.

As we move from a *manufacturing* economy and progress toward becoming a *service* and *information* economy, jobs become less physically demanding and require greater cognitive skills. With this transition, many of the barriers to employment of the disabled disappear as physical requirements are replaced by cognitive requirements. Disabled Americans comprise the highest educated group of unemployed and underutilized in this nation — truly a national tragedy and a national disgrace.

In conclusion, we must continue to *advocate* and *educate* employers to the many advantages of employing and advancing in employment qualified people with disabilities — this nation's *untapped resource*. The disabled can play a major role in helping us solve the labor shortage problems and the skills deficiencies that face and threaten our nation as we prepare to compete in a global economy and move into the 21st century.

Lastly, I leave you with this thought. From the perspective of a person with a disability who wants to work and be independent:

"Not working is perhaps the truest definition of what it means to be disabled in this country."

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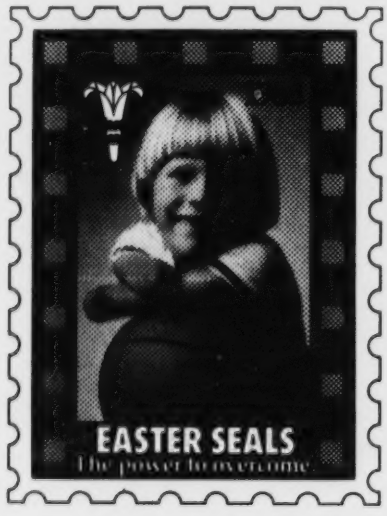

Excerpts of Reviews & Comments

Individuals with disabilities represent a potent force for meeting the expanding gaps in our labor pool. The shift of work of nearly all types from physical strength and dexterity skills to more cognitively based activities opens up many opportunities for individuals with disabilities. Mr. O'Bryant has raised concerns about the educational levels of the general population, and the ability of that population to meet the demands of the emerging high tech economy and workplace. This may be an issue of greater magnitude for individuals with disabilities.

Clearly, education is still a pathway to vocational success for many Americans, and especially so for individuals with disabilities. While P.L. 94-142 has done much to provide equal educational opportunities in the public school system for individuals with disabilities, it remains uncertain if the broad spectrum of students with disabilities has benefited. My research conducted at four major universities suggested that college students with disabilities were competitive with their nondisabled counterparts on career maturity indices. However, I was left with the nagging feeling that I was looking at a very bright, very capable sample of students with disabilities, the cream of the crop.

Support programs in college have grown dramatically for very bright students with disabilities; similarly, transition programs have been generated to support job acquisition and maintenance skills for individuals with developmental disabilities. It is my speculation that very little has been done for the large group of individuals with disabilities who fall in the middle of the intellectual continuum, yet those individuals are most apt to be candidates for emerging hightech, low physical demand jobs. They are the group who may not be eligible for transition programs, or for entrance into competitive four-year colleges, but who will be entering community colleges and vocational-technical schools, or going directly into the job market, after high school. We know very little about this group and their potential for greater achievement, both in high school and beyond. If they are to be successful, we simply need to know more about them as a group, and about the methods and strategies for promoting their academic success and vocational potential. Research is clearly warranted.

—John J. Benshoff

The author picks many of the key references from *Workforce 2000* and makes some very telling comments about the experiences of Chemical Bank, NYNEX and IBM in hiring and training workers to do the jobs in the 1980s. In Opportunity 2000, Xerox Chairman and CEO David Kearns recently warned that the "American workforce is in grave jeopardy. We are running out of qualified people. If current demographic and economic trends continue, American business will have to hire a million new workers a year who can't read, write or count."

The window of opportunity for disabled workers in the United States is open, but they must be prepared to read, write and count. The American education system, state and local government, businesses, labor unions and disability organizations must join together to place an immediate emphasis on quality education, directed toward creating literacy, math, and logical reasoning skills in our youth who are in the education system today. Social promotions and cram courses must be replaced with demanding and thought provoking courses that will, as our author has pointed out, create a workforce that can interpret advanced mathematics, read complex engineering blueprints, and perform sophisticated tasks on the factory floor. Failure to implement such an education program will create an "underclass" of new job seekers who will wind up competing for a dwindling number of low-skilled jobs, while higher-skilled jobs go begging for want of qualified workers. The above thought comes from a "Business Week Special Report" of September 19, 1988 entitled "Human Capital, the Decline of America's Work Force."

One of the contributors to the success of many of the Projects With Industry (PWI) programs has been the formation of Business Advisory Councils (BAC). Every school system must implement a BAC, made up of large and small business people, higher education, labor union representation, parents and school policy setters. The education system needs the benefit of the people who will be accepting the graduates of their programs to insure that the job applicants are academically prepared for a vocational career or further academic training. Models of the BAC organization instructions are available from any of the current PWI's or from the National PWI office.

In addition, the school system should review the recommendations made in the book, "Transition from School to Work - New Challenges for Youth with Severe Disabilities"to formulate a plan to identify, counsel and direct students with disabilities. With 8-12% of students in many states classified as "special education" and as many as 75% of these students who graduate from the school system going unemployed, we must have a specifically directed program to rectify this disgraceful situation. What hope or incentive to achieve does a young person have when the odds are so stacked against them ever achieving any semblance of independence and self respect?

The cost of government support to people who are disabled will continue to grow until we address the adequate educational preparation of youth with disabilities. If the cost is 100 billion dollars annually now, and the disabled population has increased from 36 million according the 1980 Census to 43 million as recorded in the *Congressional Record* in support of the Americans with Disabilities Act in 1990, we can reasonably expect the cost to increase to 200 billion dollars by the year 2000. We as a country cannot and must not accept this status quo condition. The key to changing this has to be education, in the classroom, in the vocational school, in the legislature and in the eyes of businesses who need qualified workers.

With the national concern for employee medical benefits and compensation costs escalating, I found the reference in Management Review, 1984 to Boise Cascade in International Falls, Minnesota who developed a three-part

strategy that reduced its worker's compensation liability from $13 million to $2.4 million in five years very interesting. Part of the strategy is to return injured workers to employment, even if only on a limited basis, as early in the recovery period as possible. Much of this information is documented in "The Job Accommodation Handbook" by Paul M. McCray and published by RPM Press, Inc., of Verndale, Minnesota. This book will be of interest to both employers and vocational rehabilitation practitioners. Other projects of this type need to be documented for employers' benefits. I wholeheartedly agree with the author that we as a country have an untapped resource. But, a resource in this context is only useable if it can read, write and count. You cannot fix in a year what has deteriorated over the past 20 years in the education system. Educators cannot fix it by themselves and added funding is not necessarily a magic potion. We need some tough decisions to create a quality no-nonsense curriculum with emphasis on basics. Remedial education must be implemented immediately to salvage students who are behind in their academic development. Business must be involved or they will ultimately bear the consequence in having to deal with the resulting labor shortage and having to conduct their own supplemental education programs. It's pay now or pay later. The future of our country is in jeopardy as well as the lives of a deserving group of Americans. I vote for NOW!

—Jim Breene

Mr. O'Bryant's assessment and review of the demographic issues which have been identified by major "think tanks" as the prime factors which will impact on the workforce and the work that will be performed as we progress to the year 2000 have significant implications for persons with disabilities, rehabilitation professionals and the employing community. Employers will need to look to a non-traditional (women, minorities, immigrants and persons with disabilities) labor pool, if they are to remain competitive. This creates the "window of opportunity" which has been needed to move people with disabilities into the main stream of employment. But opportunities will not become realities unless specific actions are taken in programs that prepare persons with disabilities for the world of work and in the education of professionals who need to serve persons with disabilities as they plan for entry or re-entry into employment.

Workforce 2000 and other reports have clearly identified that the jobs and career opportunities of the future will demand more skilled workers and more educated workers. Couple this with the alarming reports about the shortcomings of our educational system to provide a well educated workforce and we see that we must take action to insure that the education system is improved for all and that persons with disabilities can access and profit from all programs and systems that prepare individuals for employment.

I am not trying to paint a bleak picture regarding persons with disabilities ability to jump through the "window of opportunity" for employment. Many do have the skills and talents to meet the needs of employers today and into the future. We have made progress over the last decade. Public Law 94-142, the Carl Perkins Vocational Education Act, Job Training Partnership Act Title 5 of the Rehabilitation Act have all had a positive impact on improving the gap between the educational level and skill level of persons with disabilities and non-disabled persons. More must be done. We must take a close look at the programs and actions which these laws have instituted. We must see that they are fully implemented and that adequate dollars are available to provide quality programs. Funding of programs will need to become the responsibility of the private sector as well as federal, state and local government.

Adequate funds and full implementation of the laws is only half of the story. We must do a better job in the pre-service and in-service training of all professionals who will provide service to persons with disabilities. This includes educators at both the secondary and post-secondary levels. Further we must do a better job of educating the business community on how to best utilize this country's human resources including persons with disabilities. Programs must be undertaken by labor unions and the business community to expand union steward training and business degree training which will train individuals responsible for job settings, hiring and promotion to cooperate and facilitate the hiring and upward mobility of individuals with disabilities.

Mr. O'Bryant addresses other factors in his paper that will need to be addressed if persons with disabilities are to finally and forever take their rightful place in the world of work. Research has shown that the real growth in employment opportunities for the future will be with small employers. Currently small employers account for 75 percent of the nation's employment and this is growing. We have not done a good job in reaching this employer with the information and training that has been successful with large employers in dispelling the myths, misconceptions and fears that have kept persons with disabilities out of employment. We will need to research and find ways to reach this group of employers. We need to work on incentive programs. Targeted Jobs Tax Credit has been a successful program in opening up the doors for employment. This program must be made permanent on the federal level and similar programs initiated on the state level. Changes to Section 190 of the IRS code need to be made so that employers can take a tax deduction for adaptive equipment and other accommodations beneficial to the worker with a disability.

—Faith S. Kirk

There are several implications that will enhance policy and programs. As the work force shrinks from qualified workers, it will put the disabled worker more in demand along with minorities and women. We must develop programs and policies that will insure the disabled worker a better chance to obtain better employment.

Personnel in both private and public sectors will need more knowledge of the work place. There will need to be much better training for practitioners in the rehabilitation field. Training will need to center around the different jobs that are available.

Job placement professionals will most certainly need to be trained in order to make a good placement so that the disabled worker will have secure employment. Each area of rehabilitation must work together in order to provide training

to all phases of rehabilitation, remembering that employment is the bottom line.

Research will need to be developed to help the employer as well as the employee to overcome barriers of employment for both.

Legislators will need to listen carefully to both employers and rehabilitation specialists in order to implement policy that will affect the work place.

Public schools will have to become more transitional than traditional in order to stop the mass exodus of dropouts. In other words, develop programs for those in the special needs population, the accelerated population and the normal population.

Service to industry will need to come from the rehabilitation community as well as from industry itself. Industry will have to describe its needs and descriptions, and the rehabilitation community will have to exercise good judgement in getting the right employee to the right job.

—Charles L. McAdoo

This paper presents a thorough review of pertinent labor issues derived from *Workforce 2000* and how these issues will impact the educational system and how it is failing to produce individuals with strong verbal and reading skills.

With the move from a manufacturing economy to a service and information economy, the author indicates that many of the barriers to employment of persons with disabilities may disappear as physical requirements are replaced by cognitive requirements. While this may be positive for those persons with physical disabilities who have had solid skills training, this may create an entirely new set of problems for those persons with disabilities whose cognitive functioning is impaired. Fortunately, rehabilitation professionals have made great progress in areas such as supported employment and job restructuring, and will need to continue to develop new methods to assist persons with disabilities to adapt and be effective in the new workforce.

With an annual payout of worker's compensation benefits of 22 billion dollars annually, I agree that some employers are recognizing and nurturing the investment they have with current employees. However, as a rehabilitation counselor working within a rehabilitation division of an insurance company, I see that vast improvement is needed in terms of the availability of Wellness Programs and employee assistance programs. Many companies are resistive to the up-front expense of these programs, despite the long-range cost effective benefit they will enjoy. The implication is clear: we need a great deal of additional research on this topic, with increased dissemination of results to the people who need to see these results— the employers.

—Patricia Nunez

The paper has several implications for enhancing service delivery in Vocational Rehabilitation State Agencies.

State agencies must recognize the services inherent in the organization that are of benefit to employers and market those services as a means of developing effective agency-employer relationships thereby enhancing employment opportunities for persons with disabilities.

Some services that State Agencies can offer employers are:

- Assistance in filling the employer's recruitment needs resulting in a reduction of costs associated with advertising and company time in recruiting efforts.
- Awareness sessions on disability for managers and other staff in companies to assist staff to communicate and work more effectively with those persons with disabilities already employed and with potential employees with disabilities. This service is of value to heads of companies who may wish to hire individuals with disabilities, but may be faced with opposite attitudes from staff who will be working with the individuals on a daily basis.
- Technical assistance in the areas of accommodations.
- Evaluations and plans for "troubled employees" whose problems on the job may be the result of a "hidden disability." This service represents a savings to the employer who recognizes savings in retaining employees.
- Technical assistance in completing Targeted Jobs Tax Credit (TJTC) forms.
- Follow-along services that assure the employer that in the event of problems that may occur after having hired an individual, there is someone that he can call.
- Pre-screened referrals for jobs that assure the employer that the applicant meets employer standards, again resulting in a savings to the employer.

State agencies must begin to view the bottom line benefits of its services to employers:

- Reduction in time and costs associated with recruitment efforts.
- Reduced personnel cost through retention.
- Awareness of resources available to employers and employers' employees with disabilities.
- Reduced compensation costs through early retention of the worker to the labor market.
- Expert testimony in court hearings and appeals.
- Technical assistance on accessibility.
- Employer awareness of simple modifications that may be needed in the workplace.
- Correct and efficient compliance with Sections 501 and 504 of the Rehabilitation Act.
- Tax savings.
- Better training workforce.
- Expanded community base.
- Participation in community development.
- Reduction in Federal deficit and national debt.
- Stronger economic base and society.

State agencies must recognize the employer as well as persons with disabilities as "customers" of its services.

State agencies must actively monitor its training vendors to assure that the curricula are commensurate with the standards in the occupational area for which training is being provided.

State agencies must become more attuned to conducting marketing analysis and determining local job trends to assure that vocational goals as well as types of training vendors are appropriate.

—Ruth Royall-Hill

This paper argues for the need for better education of the citizens, a theme which has been stated by many. I expect there are few persons who will disagree with the points made by the author; indeed they are valid and shared by the President of the United States. Once we get beyond the point of generalization, we have a problem.

The first problem we will encounter is the public education system is locally controlled, and is a large bureaucracy. These two points are pivotal to an understanding of the inherent obstacles we will face in any effort to change the public education system in the United States. Many scholars have documented the efficiencies (and lack thereof) of bureaucracies so there is no need to elaborate upon these, other than to note they tend to resist quick changes. The second element means a system-wide change will be difficult to accomplish.

The State of Maryland recently received a recommendation by the education director to modify the state program (longer hours, longer sessions, more content, etc.). The bottom line is more cost to the public. A reflection upon the experience in California may suggest the potential outcome of the report. California in the late 1960s and early 1970s had one of the best public education systems in the nation, and had a budget surplus. The public cut the tax rate on property, which is generally used to fund education in the states, and the education system deteriorated rapidly and significantly. The public, in general, preferred the lower tax rate to a higher quality of the public school system (there may be alternative explanations for this occurrence, but the end result was lower taxes and a decrease in the quality of the school systems).

The lead story in *Barron's* this week is the change in the environment at Control Data Corporation (CDC). CDC developed Plato, a computer based education system which could be used by the public schools. Without arguing the merits of the management of CDC or of the program, the point is development cost was estimated to be about $1 billion; that system was sold for less than $50 million.

A number of interpretations are possible, one is that we as a society are not willing to pay the cost of developing an educational system which will meet the stated needs of society, including business and the military. This needs to be considered in any action plan to improve the educational system.

—Thomas V. Rush

Our current crisis is the lack of appropriately educated people to meet the demands of the service and technical jobs that will become available. Though disabled persons may be the most educated an unused minority, studies do show that on the average, the disabled population has experienced fewer years of education than the general public. Mr. O'Bryant's paper is primarily a summary of *Workforce 2000*, supplemented by the results of a few additional studies. Since the survival of our nation depends on overcoming the magnitude of the problems the author raises, steps should simultaneously be taken to enforce Public Law 94-142 in order to assure that students with disabilities of all ages are mainstreamed and that the necessary support is present where accommodation is needed.

What is required when a company chooses to initiate a wellness program, requires medical management, insists on early return to work, accommodates disabled persons whether they be at the entry level or need help to remain on the job? The company is applying the skills acquired by the rehabilitation practitioner on behalf of the management of the organization's human resource. Human resource managers are learning to acquire these skills as their responsibilities bear on the administration of their specific program. But who else other than a skilled rehabilitation practitioner is honed to help a person with disabilities define their needs, locate community resources to meet those needs, and integrate the person into their old, redesigned, or new job.

Employers and disabled persons are both potential clients of rehabilitation specialists. Our profession needs to remove its fence which restricts our willingness to fill new roles. Potentially, there are not enough trained rehabilitation practitioners to meet the demand that will be made upon us by enlightened business. Determining eligibility, setting up training programs, developing job leads, and placing clients is but one phase of our activity. Giving expert testimony, managing medical cases, returning injured workers to their former job or to a new assignment, also represent just one phase of our capabilities. A new frontier for the practitioner is represented in part by those of us who work for companies who manufacture a product or provide a service other than insurance or rehabilitation. We are particularly qualified to assist management by helping able-bodied people and people with disabilities meet personal needs on the job. The future will show us working in a very wide variety of settings that require an ability to focus on the individual. What we do will impact on safety, health, recruitment, training, medical, retirement, and pension programs.

—Paul L. Scher

I agree with the author that, despite improvements in technology, rehabilitation programs, service delivery systems, and various financial incentives, one of the major barriers to employment for people with disabilities is *attitudes*. Society in general and the people who have charge of hiring functions in the employment setting tend to focus on disabilities in a stereotypic manner, rather than on the abilities of disabled individuals. There is a common tendency to underestimate what a given individual is capable of achieving, based on vague assumptions of what "that type of disability" is unable to do.

Unfortunately, focus on the disability rather than unique and personal abilities often also plagues the person who is disabled. Too often, particularly in situations where a person has been non-disabled and then has suffered a work-related or other disabling accident, I have heard this person say "Who will be willing to hire a person who has a bad back... has brain damage... cannot work full-time... can't do what I used to do... etc.?"

It is one of the biggest challenges to a rehabilitation practitioner to help an individual with a disability to overcome personal negative attitudes, to enhance a good self-image and optimism about opportunities, to focus on his/her unique abilities, and to develop the skills to present these abilities in a positive and

convincing manner to prospective employers.

Likewise, the rehabilitation practitioner must continue to educate employers on the abilities of individuals with disabilities and the advantages of hiring qualified workers with disabilities in positions where their abilities can be effectively used.

There is a need for increased emphasis in areas such as values clarification, job seeking skills training, and effective marketing techniques at both the pre-service graduate program level and inservice continuing education. These focus areas also need to be a priority in the ongoing training sessions of various professional and community organizations in which rehabilitation professionals participate. This will enable professional practitioners to effectively orient and educate both the people with disabilities who they serve and the employment community.

—Karen M. Siders

O'Bryant begins his paper focusing on the major conclusions of *Workforce 2000* and elaborating on the challenges facing us in meeting manpower needs for the balance of the century. Some of the changes in the ways work is done will create specific concerns for persons with disabilities. For example, when work is done in teams with team members required to alternately perform all functions, consideration may need to be given to permitting the employee with a disability to remain with a limited number of tasks which they can carry out productively.

Opportunity 2000 sets forth many new, experimental and emerging strategies that have been initiated or may be required to meet these changing needs. Many of these strategies and programs are based on partnerships and exchanges of resources among industry, labor, rehabilitation, government, education, and consumers. A review of such programs may serve to generate other creative ideas.

As O'Bryant mentions, the proposed Americans with Disabilities Act will open additional doors in the employment sector. However, many of the small businesses it will affect have responded with fear and concern. As many such companies are not large enough to warrant the employment of full time personnel managers, the philosophy and mechanics of ADA must be clearly communicated through Chambers of Commerce and other small business associations. Benefits to local communities in terms of return on investment must be highlighted. Along with the legal requirements, incentives like TJTC, OJT, and the tax credit for removal of architectural barriers must be clearly explained. In addition, information concerning resources for providing reasonable accommodation should be furnished, and consideration given as to whether tax credits currently available for removal of architectural barriers should be extended to include individualized work site accommodations.

—Lana Smart

It is always encouraging but too rare to find a seminar on employment and people with disabilities that has prominent participation by the people who can most directly affect employment— employers. For this reason, this paper is a particularly welcome addition to the proceedings. The trends described have been well-documented. One note is necessary, however. The author describes the movement of jobs across our southern border and to other countries because of the lower wages. It is important to empathize that our goal for improving this situation is not to have U.S. working conditions and wages fall to the levels in these countries, but rather to improve productivity or the make-up of jobs in order to make it worthwhile to keep jobs in the U.S.

The author also mentions that escalating medical costs give employers motivations for investing in wellness and health promotion programs for their workers. Unfortunately, rising medical costs also create an obvious problem for those people with disabilities who do, on average, use more health care benefits than others. These rising costs prompt insurers to create or expand pre-existing condition clauses that hurt employment opportunities for people with disabilities. The advent of AIDS and the subsequent reactions of the insurance industry is a recent example. Therefore, it is in everyone's interest to promote research and legislation that will decrease health care costs and encourage the use of alternative benefits (such as home health care and personal assistance) that will minimize expenditures.

—Sara D. Watson

Chapter Three

A Strategy for Small Enterprise Development by Individuals with Disabilities

Neal W. Nathanson

Background

Statistics generated over the past decade have called attention to the powerful job-generating capacity of small enterprises. A series of studies published in the 1980s by Mr. David Birch, a Harvard researcher, indicated that up to 80% of all new jobs created over the past twenty years had been in companies with fewer than 200 employees. Subsequent refinements of that data have scaled back that estimate, but nobody now denies the enormous impact that smaller concerns have on the creation of new jobs.

Furthermore, entry level jobs and the type of jobs suited for individuals without highly developed skills are far more prevalent in smaller companies than in major corporations.

For decades, self-employment through the formation of family businesses has been the route by which immigrants to this country have made it into the mainstream of economic life. European immigrants earlier in the century, and Asian immigrants in more recent times have found success by starting small retail, service, and manufacturing businesses.

The "Great Society" programs of the 1960s also recognized the importance of business ownership as a vehicle for advancing disadvantaged individuals into the economic mainstream. A number of programs were created, initially at the Federal level, to promote minority-owned enterprises. While these programs were not entirely without their flaws, they were a useful testing ground for techniques which could stimulate enterprise development. During that period a great deal was learned about how enterprise can be organized and stimulated to benefit disadvantaged individuals and communities. Over the past decade, Federal support for these initiatives has waned, as have many other socially beneficial activities, though local governments and private foundations have continued to support enterprise development initiatives.

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During the past decade a new theme called micro-enterprise has been introduced into enterprise development programming. A micro-enterprise is a small business which exists primarily to provide a job for its owner, and has little or no paid employment except for the owners. Self-employment programs have been offered as part of welfare reform initiatives and as alternatives to unemployment compensation for individuals displaced through plant closings. One of the important features of micro-enterprise is that these enterprises can be formed with relatively little capital investment.

It now seems likely that the Americans with Disabilities Act (ADA) will pass Congress during the 1990 session. The ADA is as significant for persons with disabilities as the 1963 Civil Rights Act was for racial minorities. It is therefore appropriate to consider, as was the case with the Great Society programs which followed that legislation, how enterprise development programs might offer a useful means for employment generation among disabled persons.

A Brief Survey of Enterprise Development Initiatives

From the earliest days of this country, government actively promoted private enterprise through both supportive policies and direct financial inducements. The opening of frontier areas was encouraged through land grants to homesteaders. Railroads were given lucrative monopolies and free land in return for the construction of America's first transcontinental transportation system. Installation of utility service throughout the country was encouraged through the grants of monopolies over service areas. Subsidies for carrying mail encouraged the development of commercial air transportation.

At the same time, government support for enterprise development has not enjoyed universal support. For some the philosophy of *laissez-faire* free enterprise requires a strict separation of government from business on the order of separation of church and state. For others there is simply a fear that programs which provide money to individual businesses are too easily corrupted by insiders. With the "New Deal" programs of

the Great Depression the federal government began providing direct financial support to businesses on a broad scale. The Farm Credit system provided financial assistance for farmers. Federal Deposit Insurance provided guarantees of bank deposits and helped stabilize the banking system.

The first generalized financial support program for enterprise development occurred with the creation of the Small Business Administration in 1956. The SBA was empowered to provide direct loans and guarantees of bank loans to stimulate the flow of capital into small businesses. A series of programs and agencies were created during the 1960s which provided financing for small enterprises. These included the Office of Economic Opportunity, the Economic Development Administration, the Office of Minority Business Enterprise, the Model Cities program of the Department of Housing and Urban Development, and the Farmers Home Administration within the Department of Agriculture.

While these agencies and programs had different objectives and procedures, they all engaged in one or more of the following three activities:

- Direct loans or guarantees of private bank loans for the purchase of business assets.
- Technical assistance for individuals attempting to start new businesses.
- Organizational support for community-based institutions which could serve as catalysts for local enterprise development.

The principal differences were primarily centered around eligibility and terms under which assistance could be provided.

The business assistance programs offered by these agencies generally grew in size and scope until 1980. The advent of the Reagan Administration brought an abrupt halt to many of these programs, and those which survived realized funding cuts in the magnitude of 50% to 90%. However, since 1980 there has been substantial growth of business assistance programs at the state and local level, where most of the innovative programming is now taking place.

The current federal administration does not appear to be outwardly hostile to enterprise development programs on a philosophical basis, as was the case in the Reagan Administration. Nevertheless, little new financial support has been offered, with the budget deficit being cited as the reason.

Program Concepts Relevant to the Disability Community

Business assistance programs were vulnerable to criticism and budget cuts because they had not been highly successful. Business failures often occur quickly and can be highly visible, while real success may take many years and be hidden from public view. Furthermore, business assistance are by their nature highly selective. Only about 3% of all adults in the United States ever start or own a business. Consequently, the political support for business assistance programs is not widespread.

It is clear from the experience over the past twenty-five years that there are techniques and program elements which can greatly enhance the probabilities of success. In order to review some of these, it will be useful to define certain terms.

- *Self-employment/micro-enterprise*— A very small business which exists primarily to provide employment and income for an individual and generally has no paid employees outside of the individual's immediate family.
- *Business assistance center*— A professionally staffed organization which can help new businesses with a variety of technical needs such as accounting, marketing assistance, financial planning, and training.
- *Community Development Corporation*-- A local or regional corporation, usually non-profit, which creates or facilitates the creation of local businesses as a way of stimulating growth of jobs and income within the community.
- *Small Business Incubator*— A building designed to have flexible, inexpensive space which is rented to new businesses. Along with the space rental the businesses receive secretarial services, meeting rooms, business equipment, and may have access to various support services such as those offered by a business assistance center.
- *Alternative Financial Institution*— A financial institution which is oriented toward providing financing for projects which do not meet the standards and criteria of conventional lenders such as banks.

A Survey of Financing Needs and Approaches

Businesses face a variety of financing needs at different times during their growth and development. Furthermore, financial institutions tend to specialize rather than provide financing for a wide range of alternative situations. When seeking financing, it is important to identify the specific type of financing required, and to seek out a source most appropriate for that need.

Two basic types of financing are debt and equity. Debt is borrowed money. It must be repaid with a defined rate of interest over a specific period of time. The borrower is often required to pledge specific collateral which can be taken and sold if the debt is not repaid according to schedule. Equity, on the other hand, is capital which is invested in return for a share in the ownership in the business itself. Equity does not have to be repaid according to a specific schedule, nor is there a fixed interest payment requirement. However, since equity represents an ownership share, the equity holder is entitled to ownership rights. Specifically, the equity holder shares in the profits and may dictate certain management terms and practices. In a conventional business situation, the equity in a small business is provided from the savings of the owner, family, and friends.

Equity and debt are both essential to a sound financing structure. Equity provides stability. Since it does not have to be repaid on any scheduled basis, it does not add to the overhead burden of operating the business. In the event of a business downturn, an inability to make debt payments could force a closure of the company and sale of business property. At the same time, equity is the most difficult type of financing to obtain. Few people have enough money to start a business on their own, and must rely on outsiders for financing. For a small business, equity is virtually unavailable except from family and friends. Most institutions only provide debt, since it is a safer and more secure form of financing.

Since debt financing is often secured by collateral, the availability of collateral is one of the critical factors which limits the availability and amount of financing. A lender will make a judgment as to the probable value of the collateral in the event of a default, and that valuation could set a limit on the amount of financing which that lender will provide. Collateral must be able to retain its value over time, since failures generally take place one to three years after the start-up. Normally only land, buildings, and equipment will be acceptable as collateral in a start-up business. Materials, supplies, inventory, and working capital are likely to have been dissipated if the business fails and the lender attempts to collect by selling collateral.

A typical business financing situation will require funds for the purchase of equipment or fixtures, supplies, materials, inventory, possibly a building and/or improvements to a building and working capital to carry the operation until adequate funds can be generated from the business itself. However, conventional lenders will only provide financing for a portion of the requirements, so the difference must be provided out of owner's equity. The lack of equity often is an insurmountable barrier impeding the start-up of a new business.

The Importance of Technical Assistance

One of the most significant lessons from the minority enterprise experience of the past twenty-five years is the importance of technical assistance in improving the chances of success in an enterprise development program. Throughout the economy there is a high rate of failure from new business start-ups. Many of these failures can be traced to a poorly conceived business idea, failure to identify and allow for one or more crucial operating factors in the business, poorly-structured or inadequate capitalization, or unprepared management. Technical assistance, principally in the form of training and business planning, can greatly increase the chances for success.

Therefore, it is widely held that a program for stimulating enterprise development by disadvantaged individuals must consist of a balance of both financial and technical assistance. Technical assistance by itself is not sufficient, because even with adequate training and preparation most conventional financial institutions will not finance start-up operations unless the individual borrowers have substantial individual wealth to back the loans. At the same time, a financing program that neglects technical assistance will almost certainly incur an unacceptably high level of investment losses.

The Elements of a Business Assistance Program

As can be seen from the previous discussion, a program which is designed to stimulate the creation and expansion of businesses should have two primary components — a *financing component* to provide a supplement to private equity and conventional financing, and a *technical assistance component* to improve the chances for success.

The financing component should attempt to fill the gap or shortfall between funds which may be available from conventional lenders and funds provided by the applicant's own equity. This is often referred to as "equity supplements" or "near equity". Funds are provided to make it possible for the participant to secure the balance of funds from the conventional lender. In practice, what the program often provides is "subordinated debt." The money is in the form of a loan, or debt. However, the repayment of that debt, or the collateral securing the debt, is deferred until the primary lender receives the required payment. From the perspective of the primary lender, the funds have many of the characteristics of equity. These subordinated funds either pay for items which cannot be financed under conventional terms, or make it possible for the lender to finance a portion of the capital requirements. At the same time, this financing is usually structured using a debt instrument. A debt, even if it is subordinated, is usually easier to recover and reuse for future program needs than an equity investment.

As was referenced previously, a technical assistance program linked to a program of business finance can greatly improve the chances of success. Technical assistance should concentrate on identifying viable business opportunities, analyzing markets for products, developing business plans, improving management techniques, and structuring financing. The most effective means of delivering technical assistance in such an initiative is to use group classes for some of the assistance, and individualized assistance for more specialized requirements. Technical assistance provided before a loan is made should be directed at feasibility analysis and business planning, while assistance provided once the business is underway is more likely to be directed to operational matters such as management, marketing, operations, and financial controls.

An innovation which has come to be widely viewed as an extremely useful way of assisting new small businesses is the small business incubator. As the name implies, it is a facility which nurtures and supports a new business during its vulnerable early years. A typical business incubator provides a new business with office, retail, or production space at a reduced cost. The business can rent this space and also purchase other business services less expensively than on the conventional market. More importantly, a package of services such as accounting assistance, advertising, and management training can be offered. One of the most important benefits of an incubator is that the businesses themselves can function as a support group, with each often providing the other with important business ideas or opportunities for joint ventures or other combinations of effort.

In summary, then, a complete program for business development assistance would consist of the following three items:

- A source of near-equity or subordinated debt to supplement the likely shortfall between an entrepreneur's own capital and that available from conventional sources.
- A technical assistance program to provide training and other assistance to new start-up businesses.
- A small business incubator to facilitate the early start-up operations and as a way of organizing a technical assistance effort.

The Community Development Corporation Strategy

A Community Development Corporation (CDC) is a specialized type of non-profit corporation which is organized by residents of a local community as a vehicle for encouraging community or economic development within that locality. An urban CDC typically concentrates on a neighborhood or section of a city. In rural areas, a CDC may cover a multi-county or sub-state region. Typically the community, whether an urban neighborhood or rural region, will be relatively homogeneous in its socioeconomic character. A CDC generally has a community membership which selects a board of directors to oversee day-to-day operations. However, it is ultimately responsible to a local constituency or membership for its activities.

A CDC whose mission is community economic development may very well put together a program containing some or all of the elements which were described previously. However, it may also take on an added strategic element— the CDC might itself create and operate businesses or development projects which further the community mission and objectives. In other words, rather than simply identifying local individuals who might receive assistance to start businesses, the CDC would actually organize and operate the business itself.

One significant advantage of this strategy is that the CDC can often assemble a larger amount of startup capital than can individuals from the local community. A non-profit CDC could be eligible for grants from foundations or government agencies which could represent the equity in a business or development project, where individuals would not be eligible for such direct grant assistance. With this grant support it would be possible to attract a greater amount of debt financing and build a business enterprise with greater employment potential than simply self employment.

At the same time, there is one major drawback to the CDC strategy. In practice it has been difficult for the CDC Board, which is often a political/advocacy organization, to carry out its business management functions efficiently. Management decisions may require quick action, and do not often lend themselves to democratic review. As a result, either the decisions are improperly made, or not made at all. If a CDC is going to undertake the ownership and operation of businesses, it must clearly separate its business management functions from its political and advocacy activities.

Using Enterprise Development to Expand Employment Opportunities for People with Disabilities

An active program of enterprise development can be an effective way of increasing the amount of employment which is available to disabled individuals. There are several very important components which should be present in any enterprise development initiative.

Every program is going to need a source of capital to finance business operations. Relying entirely on conventional financing from private banks will leave most situations without any capital. A pool of "near equity" would have a very positive impact on any enterprise development program.

A program of capital without technical assistance is likely to produce unacceptably high loss rates. An active program of group workshops and individualized assistance available both before startup and during the ongoing operations can contribute greatly to a reduced rate of loss.

A small business incubator can be a very effective tool for organizing technical assistance and for providing a supportive environment for business startups.

Some or all of the above components could be organized within a Community Development Corporation. The CDC could both implement a program of micro-enterprise self employment, and also undertake larger businesses with potential for greater levels of employment.

It should also be recognized, however, that enterprise programs are not easy to operate. There is considerable risk in starting a new business and failure rate is high regardless of the target population. Individuals with certain types of disabilities may not be suitable candidates for a business operation. Similarly, certain business types might be less suited to disabled individuals than others.

With the technology of today, there are a great many new business enterprise opportunities open to disabled individuals. Many of these opportunities involve greater amounts of brain power and less physical dexterity, and would be ideally suited to individuals with certain physical disabilities. A successful program of entrepreneurship for disabled individuals would also deliver a strong message concerning the employability of disabled individuals.

Excerpts of Reviews & Comments

Development of small business opportunities, and especially micro-enterprises (business which exists to provide a job for its owner) have great promise for individuals with severe disabilities. One of the pressing problems in rehabilitation is that technology and medical advances have outpaced vocational rehabilitation strategies. For example, individuals are surviving serious trauma, and through the use and support of high-technology assistive devices (wheelchairs, ventilators, computers) are able to return to their homes.

The same technology which allows return home has the potential to support job acquisition, also. Computer networking systems already allow workers in dispersed locations to interact. Using this technology to develop home-based employment opportunities seems to be a logical step.

The capital acquisition issues raised in this paper are of paramount concern. Surviving a traumatic injury or severe illness is frequently a bank-account draining experience. Individuals with severe disabilities who are starting up a small business will need initial capitalization, and some form of ongoing capital support. Many businesses fail because of lack of operating capital, not at start-up, but three to six months into the process.

Small business incubators appear to have great promise for individuals for whom mobility is not a problem. For others, perhaps a viable strategy might be home-business-care, similar to the concept of home-health care. In this model, a business counselor could make periodic house-calls to provide consultation, support, and training. Funding for a venture such as this would be dependent upon government or private foundation support initially, but then might be offered on a fee-for-service or sliding scale as business prospered. Home-business-care would not be limited to clients with disabilities, but could be available to those many members of the general population who are also starting home businesses.

—John J. Benshoff

I was most intrigued with the concept outlined in this paper. The idea of small enterprise development as a methodology to bring more persons with disabilities into the employment arena has much merit. More research and demonstration projects need to be undertaken to further explore and refine this methodology. This idea has been around for a long time. However, it has not gotten the attention it deserves. I feel that it holds much promise for some persons with disabilities and we must insure that all options are available to persons with disabilities.

It is interesting to note that some research and programs have been undertaken in this area. Those that I am familiar with include:

A project done by Associated Enterprise Development, Inc., Annapolis, Maryland, for the Small Business Administration (Contract #7217-VA-83) in 1994, titled "Businesses That Can Be Owned And Operated By Handicapped Veterans." This project produced a book which provides information for persons with disabilities on how to start a business and other issues relating to this topic. The points covered in Mr. Nathanson's paper are addressed.

A project running in Michigan called the Handicapped Small Business Association. The purpose of this organization is to provide opportunities for entrepreneurs who are disabled to enter self-employment and to address the special and unique problems they have starting a business. This organization is a non-profit association established to assist persons with disabilities achieve self-sufficiency through business ownership. Its goals are to access business opportunities, provide business assistance and networking. Additional projects like this need to be started in other areas of the country.

Other avenues that need to be explored in regards to this concept are the State Vocational Rehabilitation system and Federal contracts under P.L. 92-28, the Javits-Wagner-O'Day Act. V.R. Counselors already have the capability to assist and help provide start up money for self employment. This avenue is rarely used and in my opinion not well understood. Training regarding this area would need to be provided to rehabilitation counselors before it would become a program they would consider for any client. Changes in the Rehabilitation Act during upcoming reauthorization could be looked at to develop some pilot programs. Further, P.L. 92-28 could be looked at to see if it could be amended to include bidding by micro-enterprise businesses run by a person with a disability.

—Faith S. Kirk

There are many implications from this paper that could enhance the disabled worker to enter his own business. In order for this to happen, the following must take place.

Rehabilitation policies will have to change and programs will have to emerge if a disabled person is going to enter the world of self-employment. Programs will have to be developed to train and teach the disabled to enter the small business fields. At this point, most are discouraged from going into self-employment because of the failure rate.

Rehabilitation professionals will have to become more knowledgeable of different fields of employment and be willing to find assistance for the disabled person.

Research needs to begin to find ways and means as well as technical assistance for the disabled in order for insured success for the disabled worker if they are to be self sufficient in self-employment.

The legislature needs to provide laws as well as financial assistance at the state and federal levels to help the disabled worker achieve self-employment. Agencies such as the Small Business Administration need to be expanded to help these people.

Rehabilitation professionals must encourage and provide the necessary tools in order for the disabled to enter self-employment.

—Charles L. McAdoo

The author presents an exciting concept for employment of persons with disabilities that I suspect is too often overlooked by rehabilitation professionals as an option when we are working paper, however, this certainly can be "risky business" and naturally is not suitable for all persons with disabilities...just like small business ownership and operation is not suitable for many non-disabled individuals!

Small enterprise development is something that clearly warrants further attention and discussion. I would like to see research on exactly how successful persons with disabilities have been in these types of endeavors, the types of businesses operated, the problems encountered, and how they were overcome. Once there is more data, I feel information regarding this type of employment alternative should be included in training curriculums for rehabilitation counselors. If we, as rehabilitation counselors, are lacking information and knowledge in this area, we will not be able to help our clients to consider the complete menu of employment options available to them.

—Patricia Nunez

The paper puts forth a good case for entrepreneurship as a means of generating jobs for persons with disabilities, inclusive of historical involvement of government in promoting private enterprise in American society and changes in the workplace with the advent of new technology which will demand more cognitive skills and less physical dexterity. The paper has implications for rehabilitation research, but *not* long-term research. While the research may focus on the viability of providing opportunities for entrepreneurship for persons with disabilities in service delivery programs, it should also assess the prevalence of entrepreneurship as a vocational goal in service delivery programs with reasons given for low prevalence, as well as results of experiences where sponsoring entrepreneurship has been undertaken.

One could presuppose that a major finding would be that funding of service delivery programs is insufficient for consideration of entrepreneurship. Yet, the emerging trends in the workplace in the 1990s and its implications for persons with disabilities demand that "no stone go unturned."

—Ruth Royall-Hill

This report provided useful information to readers who are interested in entrepreneurial ventures. Counselors, and persons with disabilities, are unlikely to have this knowledge so this paper will be useful to help people think about this line as an alternative career path for the selective persons who recognize the risks involved and feel this is an alternative for them.

In the Social Security Administration Research Demonstration Program there was one person who used his voucher money under the grant program to establish a business, and this seemed to succeed; however this represents the only person during the duration of the program who has attempted such an endeavor. Why is this the case? A number of explanations come to mind. This is a risky venture, for which there has been little formal training. It also may require a capital reserve and expenditure which a limited number of persons with disability possess. Since so few persons in society become successful business persons, vocational counselors and Social Security claims representatives are not as cognizant of these opportunities nor are the rules as clear or as well understood. Persons who review proposals for funding consideration, find the same lack of familiarity a hindrance to positive recommendations.

This is an option for consideration for persons with disabilities, who can recognize and accept the risks involved.

—Thomas V. Rush

Because most new jobs are found in companies employing less than 100 persons, there is a limit to the extent to which the Fortune 500 can assist small business in accommodating people with disabilities. The specific examples these giants provide prove that inclusion of this population is no big deal. But services, subsidization of accommodations, and coaching staff need to be programmed so as to supplement overtaxed supervisorial personnel when specific help for disabled individuals is needed if they are to enter or to advance in jobs. Informational materials should be expanded that will address the availability of assistance in ways that a small entrepreneur can understand.

It may be necessary to enact laws which will protect disabled persons against discrimination by lending authorities when otherwise voluble business loans should be funded. Certainly, a person with a disability who is capable of starting their own business ought to be able to build into their business plans the costs of their own reasonable accommodations. Watchdog authority should assure that requests for loans are not rejected for any other than sound business practices.

Disabled advocacy groups, enlightened business, and appropriate officials need to consciously take steps to assure that qualifiable disabled persons who also may be members of minorities get equal opportunity to share in the advantages of a community development corporation, an incubator.

Rehabilitation counselors should be aware of the technical assistance available throughout these special projects. This assistance funded by sources other than those designated for the Department of Rehabilitation will serve as a significant support to disabled persons needing particular help in those services required to maintain a business.

In summary, Mr. Nathanson has prepared a brilliant essay on the varieties of assistance available to small business represented by minorities. What he has presented, applies equally to able-bodied and disabled alike. I am more knowledgeable about such services because of his paper.

What is quite striking, however, is the fact that he has had to go out of his way to bring the disabled into this discussion. It shows the degree to which society will exclude this population unless specific steps are taken to assure their equal participation in living. Research that I have done with the planning of two conferences on minority disabled illustrate that problems facing disabled minorities and minorities in general are different. Groups established to serve primarily racial dis-

crimination do not take specific actions to assist their disabled brothers and sisters. Organizations whose major interest is equality for minorities and women need to be reminded that they are in a very strong position to also assist the special needs of their disabled brothers and sisters.

—Paul L. Scher

Nathanson introduces an area of opportunity about which we have heard little— small enterprise development by individuals with disabilities. However, just as up until recent years many persons with disabilities have not seen themselves as future workers, an even smaller number have identified with a potential role as a future businessman or woman.

Creative career education curricula for students with disabilities can help to build such awareness and foster such identity. Through classroom business ventures, students take the role of business owners— planning, organizing, and selling products and services in a simulated business environment. Teacher involvement across disciplines allows for programs of longer duration, permitting development of the business through later stages where decisions about reinvestment and profit taking must be made. By introducing students to this process in the elementary grades, groundwork is laid for future coursework and career exploration. Evaluation and follow-up of students in such programs would clarify their role, if any, in stimulating future employment or entrepreneurial ventures.

Adults with disabilities, like other entrepreneurs, need adequate initial investments, along with education and experience to establish and successfully manage a small business. A growing number of insurance companies appear to be assisting persons who have become disabled in the establishment of such businesses as part of the claim settlement process. In addition, while services in business planning, along with minimal initial investments, may be available to persons with disabilities through state agencies, little is known about such programs by rehabilitation practitioners, and, in turn, by the clients they serve. Information needs to be made available concerning small business ownership as an employment option, along with the supports available. It would be helpful to know the kinds of businesses established and their success rates. Existing programs should be evaluated to assess the adequacy of financial supports and technical assistance to assure the best possible outcomes.

—Lana Smart

This paper provides an excellent overview of the requirements for facilitating the development small businesses. It is a good primer for those who have already decided to target small businesses as a means for employing people with disabilities. However, that decision should not be taken lightly. Furthermore, people with disabilities must have all available information, for and against small business ownership, before they make their own decisions about their future careers.

Small businesses do provide entry-level jobs, and in some ways can be flexible about accommodations. However, the vast majority of them fail, leaving their employees without jobs; they are less likely to offer health insurance and other benefits; and it is harder for them to cover for employees who need time away from their job or who need expensive accommodations.

Of course a person with a disability has the freedom to solicit and choose *any* job. But it is necessary for job applicants and rehabilitation specialists to be aware of the pitfalls as well as the advantages of seeking out small businesses. In particular, some organizations fund individuals with disabilities to start their own small businesses. This can be very helpful if the person is extremely knowledgeable about the market for his/her product or service, and there is reason to believe that his/her business will be among the lucky few that succeed. What should not happen is for funds to be given based on a business plan that has been well-researched, with the disabled person left with no alternative resources if the business fails. The point is that no small business entrepreneur enters the field thinking that s/he is going to fail. But more of them do. The owner with a disability is no different and should be as well-informed about the prospects of the marketplace and competitive forces as any other entrepreneur.

—Sara D. Watson

Chapter Four

Employment and Disability: A Point of View from the Labor Unions

Charles E. Bradford

As the many topics of this 14th Switzer Memorial Seminar are discussed this week, most of us attending will be looking for resources to help improve the prospects for future employment for people with disabilities.

We will look at employment trends to see how the labor force will grow, in what direction it will move, and at what pace. If our work force does grow to 21 million workers by the year 2000, how many new occupations will be available for people with disabilities? If our gross national product exceeds $5 trillion and if 70 percent of the job growth is in service industries, retail trade, and health care, what does this mean for the individual with a disability who is seeking employment?

Another thread of our economic fabric represents the expansion of technology in the work place, raising questions concerning its impact on the creation of new opportunities for people with disabilities. Whether a job is new tech, high tech, or old tech, the key question is: will these new jobs be available to people with disabilities? What will these future trends mean to us who seek to help Americans with disabilities enter the work force?

There are thousands of job openings now available, and there are thousands of individuals with disabilities who are qualified to fill these jobs and who want to work. Yet paradoxically, not enough disabled job seekers are finding employment to make even a small dent in the unconscionably high unemployment rate among Americans with disabilities.

We can be optimistic, however, that the facts and information presented this week will shed some light on how we can begin to rectify this economic injustice. Our aim is not only to identify obstacles that impede employment of individuals with disabilities, but also to identify potential solutions. We also will seek to identify resources that will aid these individuals by insuring that, as the nature of work undergoes change in the 1990s, the potential for employment likewise changes in a way that will benefit people with disabilities.

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Professor Arthur Shostak, a professor at Drexel University and at the George Meany Labor Study Center, makes this perceptive observation: "No one can know the future ... our glory is in our ability to cautiously and sensitively help shape it now...."

It is to this point that I want to direct my remarks because, if we are to reshape future employment opportunities for individuals with disabilities, I believe that these people will have to use every additional resource available to them in order to become employed and retain their jobs. In my view, an important resource that has been overlooked entirely or used only minimally is the trade union movement represented by America's labor unions.

As a professional in the field of employment for the past twenty years, the most recurring phrase that I have heard when there has been an employment obstacle facing a member of an ethnic minority, a female, or a person with a disability has been: "the employer says the union won't let me do it." I am sure that many of you have heard the same phrase, or something very similar to it. However, almost every investigation of those situations that I have been involved in resulted in discovering that the union either was not informed of the situation or had no knowledge of it until the problem had reached such proportions that it could not readily be resolved.

I believe that labor union support for the employment of people with disabilities has been largely unrecognized, and that support that is readily available has remained unused. This is mainly because most people, including employers, really do not understand labor unions or how they work. Lacking this understanding, they are guided by hypotheses based on myths, half truths, and misinformation.

First, it should be remembered that labor organizations in America matured in an environment that stressed the ideals of a classless society, individual initiative, and equal opportunity.[1] Regrettably, some elements in the body politic still attempt to depict unions and their members as being selfish and prone to civil disobedience. The reality, however, is that these basic trade union values (which incidentally are the values of most American workers), form the foundation on which our labor unions are built. In fact, recent surveys covering a wide variety of questions reveal that the opinions of union members conform

very[2] closely with those held by the public at large. My point is that labor union members, like everyone else, share the universal concerns of our society. They care about their communities and about all those who live in their communities.

These values shared by the rank and file trade unionists with most Americans can form a key asset in helping persons with disabling conditions obtain employment and keep their jobs. Union workers have a long history of supporting those in need, both directly and indirectly through political action for social legislation.

The labor movement in the late years of the Nineteenth Century and the early years of the Twentieth Century found itself leading the forces of reform at both the state and local levels, hoping that the evolving political system would become ever more amenable to the passage of needed social welfare legislation.[3]

The first unemployment insurance bill to be introduced in an American legislature was prepared in Massachusetts in 1916, and had the support of the Massachusetts State Federation of Labor.[4]

The first unemployment insurance plan to be enacted by an American legislature was approved in Wisconsin in 1932, and had the support of the Wisconsin Federation of Labor.[5]

Labor unions early on endorsed a system of old age pensions and health and sickness insurance. They gave their support both nationally and locally to legislation dealing with women and child labor reforms, safety in hazardous occupations, compulsory school attendance, and free textbooks. Unions also supported an array of reforms that included government regulation of working conditions through mine safety inspection, minimum safety standards on construction work, and a comprehensive system of factory inspection.[6]

These are examples from a list that could be extended. Other examples confirm organized labor's support for social and civil rights legislation. Many such examples make it obvious that, rather than unions limiting employment opportunities for people with disabling conditions, unions are valuable allies of these people seeking to help them in the area of employment and with employment related issues. To support this point, I would like to identify a number of instances in which labor unions not only have been supportive of issues related to people with disabilities, but have taken the initiative in developing programs to support the employment of these individuals. In 1946, the Executive Council of the International Association of Machinists and Aerospace Workers endorsed a plan to establish a training center to provide highly trained guide dogs to visually handicapped persons. This center, known as International Guiding Eyes (IGE) is operating in Sylmar, California, just outside of Hollywood. International Guiding Eyes is the only guide dog educational center in the Los Angeles area. It is also the only guide dog center which accepts applicants from all over the world. The dogs are provided at no cost to the blind recipients, along with the specially designed harnesses and one month of training at the IGE school. IGE receives no funding from the state or federal government. It is totally supported by voluntary contributions made by thousands of individuals and many religious, social, civic, and fraternal organizations. However, fully thirty percent of IGE funds are contributed by members of the International Association of Machinists and Aerospace Workers alone.

In 1968, the AFL-CIO's Human Resources Development Institute (HRDI) began to function as the AFL-CIO's employment and training arm and provided employment assistance to minorities, females, and people with disabilities through their job placement programs. In mid 1972, the HRDI began the first job placement program designed specifically to assist individuals with disabilities to find employment with employers who primarily worked with or had labor agreements with national and international labor unions.

The program was operated with grants from the Department of Labor and the Department of Education as well as in-kind support from the AFL-CIO.

From 1977 to 1989, HRDI placed 4,165[7] disabled individuals with disabilities in jobs with employers cooperating with this program. The largest number of placements involved individuals with mental disorders, followed by persons with orthopedic disabilities, hearing impairments, visual impairments, and amputations.

In another area of assistance to persons with disabilities, HRDI recently completed field research begun two years ago to determine if early intervention can speed the process of getting workers who are out of work because of short term disability back on the job.[8] Union involvement in HRDI's promising Early Intervention Program was a key element of this program. Participating in the program were more than 20 different craft and industrial unions including the Carpenters and Electrical Workers, Service Employees, Food and Commercial Workers, and the Paperworkers International Union.

In partnership with Columbia University's Workplace Center, HRDI administered the program through its projects in Baltimore, Houston, Montana, St. Louis, St. Paul, and New York. The goal was to identify the factors that help or hinder the return to work of a worker with a disability, as well as to develop a pilot program to deal with the needs of newly disabled workers.

Making a shift from the past, the program was based on a unique partnership consisting of workers, employers, unions, and medical[9] professionals. The program's focus was on the work place. Over the coming year, Columbia University will complete research data and establish criteria for an early intervention program plan for HRDI.

In the field of job placement, using the Projects with Industry (PWI) labor model developed by HRDI, the Machinists' Union began a pilot job placement program in Seattle in cooperation with the union's District 751 in 1981. Known initially as the IAM Disabled Workers' Program, this proved so successful that the union was able to secure additional Department of Education grants and funding that permitted expansion of the program to additional cities. In 1982, the program expanded to Wichita, and in 1983, the union further expanded the program to Cleveland, Los Angeles, and Norfolk. The following year services were extended to Hartford, Dallas/Fort Worth, Kansas City, Chicago, and San Francisco. Recently, an eleventh location at Portland, Oregon was added.

At all of these locations, identical models are operated. There are, of course, variations in the types of companies participating. Many companies that are involved have collective bargaining agreements with the union, and these companies provide a firm base for our job development and placement efforts. While the size of the metropolitan areas served and the number of

Machinists' Union locals vary among the areas, the emphasis remains on job development, job placement, follow-up services, and the development and use of a business advisory council in which organized labor participates. Union participation is especially significant in view of the fact that this program has never limited its services to union members. In fact, most of its clients are referred to its offices from vocational rehabilitation agencies and other community[10] organizations.

In 1985, the Executive Council of the IAM voted to establish a non-profit corporation with the intention of increasing the union's activities in assisting persons with disabilities obtain jobs and succeed in the world of work. It was determined that emphasis would remain on job development and on job placement of persons with substantial and severe disabilities, including youths just leaving school.

The new non-profit corporation was named IAM CARES, an acronym for the International Association of Machinists Center for Administering Rehabilitation and Employment Services. Its approach is to create an effective partnership involving union representatives, employers, and rehabilitation professionals.

IAM CARES identifies and assists disabled individuals by locating appropriate jobs, by locating training opportunities, by helping to effect job modifications when necessary, and by offering follow-up and other support services. Whenever possible, clients are placed in jobs which offer the benefits and advantages of union affiliation.

While maintaining its PWI projects in major labor markets, IAM CARES in 1984 began a project funded by the Department of Education to assist disabled youths make the transition from school to work in Seattle, Chicago, and Los Angeles. In 1985, IAM CARES began its IAM/JOBS program, funded by the Social Security Administration and operating in Seattle, Los Angeles, Kansas City, and Chicago, to provide services to Social Security Disability Insurance beneficiaries. This program was implemented to enable beneficiaries of the Social Security Administration with disabilities who wanted to work to qualify for jobs, find suitable employment, and become financially independent instead of relying on government disability payments.

From 1985 to 1989, IAM/JOBS assisted 457 clients who were receiving Social Security Disability Insurance payments find competitive employment. Approximately 25 percent of those jobs were covered by IAM and other union contracts. The economic benefits of those placements to U.S. taxpayers were significant. Assuming an average cost of $176,000 for keeping a 35-year-old beneficiary on the rolls through age 65, IAM/JOBS thus far demonstrated a potential for eliminating federal expenditures of over $65 million in three years. In an aging society where we tend to add half a million people with disabilities each year to Social Security disability rolls, the financial implications of such job placement programs are simply staggering.[11]

In December of 1986, IAM CARES strengthened its job placement services by opening three new sites with a grant from the U.S. Department of Labor. The three additional projects were located in the major labor markets of Seattle; Washington, DC; and St. Louis.

The Seattle project serves disadvantaged youths with disabilities who never had worked in gainful employment. The Washington and St. Louis projects serve adult populations which consist of the unemployed persons who have severe disabilities and who also are economically disadvantaged.

Having achieved notable initial success in its transitional youth program which began in 1984 with initial support from the Department of Education, this IAM CARES project serving youths who are disabled in the Chicago area is now funded by the State of Illinois Department of Rehabilitation Services and the City of Chicago Department of Aging and Disability. The focus of this effort is to help youths between the ages of 17 and 21 who are severely disabled make the difficult transition from school to competitive employment.

It is interesting to note that the IAM, one of the oldest and most militant trade unions in the AFL-CIO, through IAM CARES, now works directly with the Marriott Hotel Corporation in the Chicago area. This is interesting because Marriott is noted for its resistance to the trade union movement. Nonetheless, the excellent working relationship between our union and Marriott has produced impressive results for the youths with disabilities served by this program. The program also has led to a cooperative effort by IAM CARES and Marriott to create a Supported Employment Program in Chicago.

In October of 1988, IAM CARES and the Boeing Corporation, which has a collective bargaining agreement with IAM District 751, jointly developed a supported employment program which negotiated the wages, hours, and working conditions of four clients with extremely severe disabilities to enable them to work in the Renton Boeing Plant. While the wages and benefits are provided by Boeing, a Job Training Partnership Act (JTPA) grant through King County, Washington to IAM CARES funds the IAM CARES job coaches who provide services for the clients of the supported employment program in the Boeing plant in Seattle. This project serves individuals who are so severely disabled that, to be employed, they must receive intensive one-on-one training and long term follow-up.

The distinguishing features of this project are on-site job coaching, closer than usual employer cooperation, and intensive follow-up to insure the on-the-job support that will enable the clients to remain employed and succeed in their jobs. The project now covers six clients and has become so successful that the Boeing Corporation has asked IAM CARES to consider expansion to other Boeing work sites. Planning for such expansion is under way. It is significant that within just the past few weeks, two clients in the project who had been initially assessed as being too severely disabled to ever be able to work without ongoing support have now been accepted into the regular Boeing work force. Boeing officials advise us that, not only has the project assisted the clients, it also has improved the quality and productivity of the non-disabled employees as well.[12]

I would be remiss if I did not point out that, as a result of IAM District 751's long efforts to assist persons with disabilities, the IAM leadership in Seattle, Portland, and Wichita, incorporated in their last contract negotiations with Boeing a proposal to establish a special trust fund to pay for the cost of operating such programs. With the membership's support, the Boeing Corporation has agreed to establish this fund. For the first time, at least in any IAM collective bargaining agreement, the union will be able to operate programs to help persons with disabilities with funds negotiated by the union.

These programs exemplify how unions can serve individuals with disabilities who need specialized help in the area of job placement. They also reflect how government funded placement programs can be highly cost effective.

Having proven that the PWI model could be adapted to operate successfully by an international union, IAM officials in 1988 met with Canadian Government officials and negotiated a PWI job placement model to be established in Montreal; Quebec; and Vancouver, British Columbia. Known as IAM CARES/AIM CROIT, the program after only a year and a half of operation has made over 500 placements of clients with disabilities.

Over the past nine years, IAM programs serving persons with disabilities have placed at 25 project sites throughout the U.S. and Canada over 5,300 clients in gainful employment at an average annual wage of $14,082. These clients have a wide range of disabilities, 71 percent of those placed being classified as having severe disabilities.[13]

This performance, of course, pays off not only in terms of immeasurable benefits to individuals with disabilities and their families, but in dollar value to society at large. Individuals with disabilities who are not employed and who are dependent on public resources for support are costing taxpayers between $5,000 and $10,000 a year each. The 1,000 placements that were made in the United States last year by IAM CARES resulted in a net saving in tax dollars of at least $9.2 million. This means that our services added an estimated $3.5 million in taxes paid to the U.S. Treasury by people with disabilities whom we placed in jobs, while saving the $9.2 million that would have been required for their support at public expense.

While HRDI and the International Association of Machinists and Aerospace Workers are the two major union resources in the field of job placement for people with disabilities, other national unions provide services as well. Here are a few examples.

The Amalgamated Clothing and Textile Workers Union conducted a research project among their members to identify those who are disabled and to determine their needs in an effort to provide greater assistance.

The American Federation of State, County and Municipal Employees Union developed a videotape and published a handbook titled "Fighting for the Rights of Disabled Employees: An AFSCME Guide." Its purpose was to make all AFSCME members aware of the problems confronting AFSCME members with disabilities and to reinforce the union's efforts to represent their members who have disabilities. AFSCME also has established a National Advisory Committee on the Rights of the Disabled, which is composed of rank and file members with disabilities as well as non-disabled members who work predominantly with people who have disabilities.

This committee has been instrumental in having AFSCME Councils and locals engage in such activities as modifying jobs with new technologies to assist the hearing and visually impaired; having signers at local union meetings, grievance procedures, and training sessions; and holding training sessions on the rights of people with disabilities. Other committee activities include providing information to members with disabilities on equipment for long term care, arranging for jurisdictions to offer sign language classes to employees on work time, and putting the union newspaper on tape for members with visual impairments.

The Service Employees International Union's Local 6 in Seattle developed a videotape that encourages other labor unions to become involved in supported employment projects. The local had developed a pilot supported employment program that placed individuals with severe disabilities in training within park maintenance crews. This program has grown to ten participants who have been enabled to move away from public assistance or institutional housing and into group homes. One participant actually gained the ability to move into a private residence.

Other examples of labor unions serving as resources which benefit people with disabilities include support by the National AFL-CIO of the President's Committee on Employment of People with Disabilities, national and international support by unions of local programs for private fund raising for the benefit of persons with disabilities, and operation of local Special Olympic programs for youths with disabilities.

While a case can be made that labor unions are a source of help in cooperative efforts to improve the worklife of people with disabilities, it must be remembered that unions also have legal and moral obligations to their membership. If unions are to be used as resources, a better understanding of the purpose and function of labor unions is needed.

While I do not intend to present an in-depth summation of labor history here, I do believe that it is important to remember that, unlike their European counterparts, unions in the United States were generally forced to achieve recognition and establish bargaining relationships on a plant by plant basis rather than by agreement with strong national or regional associations of employers.[14]

Prior to unionization, workers— particularly in the shoe industry— complained that they were forced to bribe foremen for jobs, that they faced periodic layoffs, and that they had to submit to frequent reductions in piece rates.[15] My point is that unions were born in an era of industrial strife, which many members claim still prevails. Wages, benefits, and working conditions were fought for on a plant by plant basis, with unions usually making small gains with each new contract. The wages and working conditions of today are not the result of benevolence on the part of employers, but rather the result of a long history of negotiations, work stoppages, and sacrifice by past union members. This is a history not quickly forgotten by union members and union officials, and a history that makes unions cautious and reluctant to change conditions affecting either their collective bargaining agreements or their wages, benefits, and working conditions, no matter how worthy the cause may seem to the non-union outsider.

While union officials and their members may want their unions to participate in helping people with disabilities find or improve their employment situation by changing collective bargaining agreements, it must be remembered that unions and the collective bargaining process are controlled by national labor laws and that certain legal restraints exist which inhibit a union's efforts to promote the employment and advancement of workers with disabilities.

There are different kinds of unions, i.e., industrial unions, construction unions, transportation unions, and government employees' unions. All unions are covered by a variety of laws,

regulations, and restrictions. Industrial unions, for example, most often come under the terms of the National Labor Relations Act (NLRA). An industrial union is no longer unconditionally permitted to function as a hiring hall. While unions can and do refer individuals to employers for consideration, it is the prerogative of the employers to determine whether or not they will hire those individuals who have been referred to them by unions. Moreover, the NLRA (Sec. 8) will not allow an industrial union to require membership in the union or pay the required fees sooner than 30 days after employment. In fact, this period can be a longer time if such a probation period has been negotiated into the collective bargaining agreement.

The rehabilitation community must understand that the National Labor Relations Act requires every union to represent all employees within the bargaining unit fairly and without favor or discrimination. This means that within a bargaining unit the union must represent members and non-members alike, and able-bodied employees as well as those with disabilities. Failure to do so would subject a union to unfair labor practice charges or court action and possible fine or damage assessment.

My point is this: unions cannot violate the rights of the non-disabled employees in any support they provide for workers with disabilities. This is the reality, even though such an abridgment of the rights of the non-disabled may appear to the casual observers to be the fair thing under the circumstances.

Those concerned with the placement and advancement of persons with disabilities should also understand that the matters of when to hire, whom to promote, and whom to transfer are usually held to be exclusively within the province of management by a "Management Rights" section of the Collective Bargaining Agreement. So while a union can intercede in an attempt to influence an employer regarding placement, it must be remembered that unions do not control hiring; hiring is usually an area jealously guarded by employers.

Both employers and unions recognize the necessity for hiring workers with disabilities and encouraging their advancement.

Both accept the need for equal employment laws which require such actions. However, companies tend to be protective of their prerogatives with respect to employment practices; most would consider a union's attempt to have such matters covered in union contracts to be an infringement on the "rights of management."

Collective bargaining agreements are also controlled by law regarding what matters are or are not allowed to be negotiated. Matters such as wages, hours, and working conditions are "mandatory" areas for negotiations, and the employer or union must deal with these matters. But there are also "permissive" and "illegal" areas wherein the law specifies what the union or employer may or may not collectively bargain about. Areas such as hiring and advancement of people with disabilities probably falls in the "permissive area of bargaining"; however, it could possibly be an illegal area that would prohibit bargaining on this subject matter depending on the circumstances.

It is also important to remember that for unions to achieve such contract language, they not only need the approval of their membership to proceed with such negotiations, but need as well for management to agree that this is a "permissive" subject for collective bargaining before both parties can even begin to bargain collectively on such a subject.

Another area that frequently is pointed out as resistance by unions to cooperate with employers who are trying to assist people with disabilities is the unions' refusal to abrogate or "bend the rules" pertinent to the seniority clause in the collective bargaining agreements. Unions believe that any such exemption of workers with disabilities from seniority rules would create a strong disincentive for employing these workers. Unions also believe that it would give rise to disruption in the workplace and prejudice against workers with disabilities on the part of other employees on the worksite. This is likely in part because exemptions would also affect present workers with disabilities.

Equally important to remember is that if the seniority system is modified or abrogated to assist a new employee with a disability, once that new employee has accrued seniority, he or she will be denied the protection of the seniority clause because it has now been amended or deleted. What would keep this worker with a disability from being passed up for promotion or discharged because there is a new employee with an even more severe disability who needs assistance?

While I can cite no statistics, I believe that there is a large work force of individuals with hidden or unreported disabilities consisting of those workers who have disabilities but are afraid to identify themselves for fear of termination or discrimination. These workers with hidden disabilities also suffer because their apprehensions keep them from seeking career advancement. They fear that they might not be able to handle new responsibilities or job tasks because of their disabilities.

Many workers also refrain from seeking job modifications for their present jobs because this would require them to disclose their disabilities.

Again, it is this very seniority system that is at present the major form of protection of the working disabled, and it should not be jeopardized simply to accommodate new workers with disabilities. As a general principle, unions believe that seniority rules should apply equally to all employees whether they are disabled or not. However, we are in sympathy with initiatives that will help in the advancement of workers with disabilities, and unions believe that measures supporting this goal can be achieved through a memorandum of understanding, rather than substantive modifications to the collective bargaining agreement. It was a memorandum of understanding, for example, that was used to accomplish the IAM/Boeing Supported Employment Program rather than a legal revision of the collective bargaining agreement.

Memoranda of understanding can be used not only to implement new pilot programs but can also be used in experimental situations where special accommodations need to be made for the workers with disabilities. This is particularly true in situations in which neither the employer nor the union wishes to establish a precedent involving job accommodations, job restructuring, or the realignment of job duties.

Where union contracts are in effect, the matter of job restructuring and job accommodation is not at all simple; these may be "mandatory" bargaining issues, and cannot be changed arbitrarily by either the union or the employer. Accordingly, where collective bargaining agreements are in effect, union representatives must be consulted throughout the planning and implementation process.

While non-disabled employees have a responsibility to participate in any restructuring which is required (and where such requirements are statutory), they have no obligation to assume harder tasks or to perform such tasks more frequently unless they are compensated for doing so. The company has no right to effect such accommodations at the expense of the nondisabled employee, and such assurances should be given up front. Failure to provide such assurance is often the cause of resistance to job accommodation and lack of cooperation in bringing it into effect. In dealing with job accommodation, care must be taken that collective bargaining contracts are not violated, since job structuring is related by employees to job pay. The pay and the structure of a job may have been the result of long negotiations (involving even the loss of pay because of a work stoppage to gain that particular job structure), and the equivalent pay to do the job. The workers must be fully informed of the reasons for the restructure and convinced that the restructure is appropriate and legal if such restructuring is to be successful.

In fact, it has been my experience over the years that any job restructuring or job modifications arbitrarily imposed on employees in a union shop, or implemented without explanation or union support, is almost guaranteed to fail. From the union point of view, voluntary participation works best, particularly when the union is brought into the early stages of the program and is able to participate as a full partner.

Consequently, as I indicated earlier with my examples of unions actually assisting people with disabilities to find and maintain employment, the unions can be excellent resources. But you must involve them in the early stages of your program development. They are *most uncooperative* when they are totally left out of the initial planning process, or asked to "rubber stamp" the "good programs" that have been developed for their work sites.

Labor unions, like other organizations, have organizational structures and protocols. You would not go to the foreman of a plant for approval if you were trying to develop a program for workers with disabilities that would operate throughout the whole plant. You would first get the approval of the corporation or company chief executive officer. The same holds true for unions. You should not discuss a proposed program or seek approval at the shop steward level; instead, you must involve the union representative who negotiates or is responsible for the collective bargaining agreement for the union. That is usually the business representative rather than the local union president or chairman.

Another important resource potential of American labor unions for individuals with disabilities is the trade union movement's experience and expertise in the political field. This is particularly so at a time when the community of individuals with disabling conditions is working hard to achieve the passage of the Americans with Disabilities Act.

Labor's potential machinery, if limited in some of its capacities, can mount a potent effort when the unions are united around what they take to be issues of survival.[16] This is also true when unions perceive the issues to bear on the survival of their communities and fellow citizens. To a union, employment is a survival issue.

For example, during the fight for the Civil Rights Act of 1964, from the very outset, the AFL-CIO were strong advocates of fair employment practices legislation before Congress. When the legislation that was to become the Civil Rights Act of 1964 was introduced into Congress, the Kennedy Administration had not included a Title VII on the grounds that its inclusion might defeat the legislation as a whole. President George Meany of the AFL-CIO promptly urged the inclusion of equal employment opportunity provisions and the Federation carried on a vigorous campaign for this legislation. The Federation supported the legislation despite the fact that this support would be used against some local unions.[17]

Labor unions are well known for their ability to muster grass roots workers for canvassing, telephone banks, and old fashioned lobbying for legislation they support. I believe the trade union movement is a key ally of the rehabilitation community and of people with disabilities in achieving passage of the Americans with Disabilities Act, which we now consider to be important civil rights legislation for the disabled.

Another area where organized labor can be a resource is in securing local funding for support programs for people with disabilities, particularly where JTPA funds are involved. While JTPA programs and funds have become more widely available to agencies and organizations assisting people with disabilities at the local level, there is still the opportunity for even greater involvement. JTPA funds are allocated to each state by formula by the Department of Labor. Each state governor is in turn required to allocate these JTPA funds by formula to the Service Delivery Area (SDA) in his or her state. It is the responsibility of each SDA (both state and local) to establish a Private Industry Council (PIC) to plan and approve expenditures of these federal funds. What is important here is that each PIC is required by law to have labor representation on the PIC as well as representatives from the local government agencies, client groups, and members of private industry.

Local agencies providing support and services for the people with disabilities in their communities could form coalitions with the local PIC labor representatives to assure equal and fair treatment in the allocation of JTPA funds to serve people with disabilities.

Organized labor has taken seriously its role on the PICs because these funds are used primarily for training and usually impact their membership either by the funds being available for training in union work sites or being used by non-union employers to improve the quality of their work forces. The AFL-CIO assists local labor leaders throughout the country by training them in JTPA operating regulations and in how JTPA funds can be used for training programs for workers in unionized shops. The AFL-CIO, through HRDI, maintains an up-to-date list of labor representatives who serve on PICs and provides regional training sessions to keep the labor representatives abreast of current trends in JTPA training programs as well as changes in DOL policy and regulations.

Local agencies and organizations serving people with disabilities could find it advantageous to meet with AFL-CIO state and local central body officers to discuss the training needs of workers with disabilities in their areas. They could form coalitions including organized labor in their areas, since political and training goals would be parallel to the social goals and values of organized labor.

Just as organized labor can be a resource to people with disabilities in securing funding for employment and training programs, it can also be a resource on the job in disability management. Most unions have health and safety committees and community service committees which are capable of providing union support services and on-site employee support. These support services of unions should always be considered as a part of the disability management programs in unionized shops. In fact, one of the best union support services available to the worker with a disability on the job is the union shop steward system which provides the day to day assistance to union members on the shop floor. Shop stewards can be an important link to the outside providers of services who cannot usually provide on-the-job assistance on the plant floor.

Many companies use private and public rehabilitation programs to enhance their own in-house efforts to manage disability. Union and non-union companies could also avail themselves of the assistance of union agencies such as IAM CARES and the AFL-CIO's HRDI which are experienced in working with unions as well as in providing high quality rehabilitation services. Such agencies, in our view, are in a position to coordinate and provide job-related vocational services efficiently and at less cost than are many public and private rehabilitation programs. IAM CARES and HRDI, additionally, provide the full support of international unions and all their ancillary services.

"Intervention when disability does occur should be immediate and include coordination of medical and vocational services."[18] This is an important axiom. Appropriate intervention and effective coordination of medical and vocational services following injury pose major problems in disability management.

In many cases, the effectiveness of the intervention and the coordination of services are impaired by suspicion on the part of employers and distrust on the part of workers in the aftermath of an injury. All too often the withholding or delay of benefits leads employees to file lawsuits. Litigation results in further delay and animosity, which are, of course, damaging to the processes of rehabilitation and the prospects for return to work.

It is in these instances that union involvement in the early stages of a retention and re-training program can be most beneficial. Unions are primarily in business to protect and assist their membership. Unions are vitally concerned that their members who develop disabilities receive the medical and retraining services necessary to enable them to retain their jobs or return to work. Unions should strongly support the option of medical and support benefits that assure a job as opposed to no such benefits and no job, but only a lump sum litigated settlement instead.

A concern of great importance to organized labor is the individual who has recently developed a disability. In particular, organized labor is concerned with how to lower or prevent future disabilities. According to the Bureau of Labor Statistics, some 3,300 workers were killed and 6.2 million injured in the nation's workplaces in 1988. About 240,900 new cases of work related illness were reported in 1988, compared to 190,400 in 1987. Manufacturing cases were up nearly 11.4 percent to a total of 2,464,800. Cases rose by nearly 4.4 percent in wholesale and retail trade to 1,534,800. In services, injuries and illness increased by about 2.3 percent to 1,031,900 cases. The number of cases rose by nearly 2.9 percent to 650,000 in construction; by about 8.3 percent to 464,800 in transportation and public utilities; by 3.6 percent to 119,400 in finance, insurance, and real estate; by 2.3 percent to 101,900 in agriculture, forestry, and fishing; and by 4.7 percent to 64,400 in mining.

Nearly 75 percent of the 240,900 new cases of job illness occurred in manufacturing. The Bureau of Labor Statistics reports that repeated trauma disorders accounted for nearly one half of the total illness cases in 1988. Skin diseases accounted for about 25 percent. Margaret Seminario, Associate Director of the AFL-CIO Department of Safety, Health and Social Security, pointed out that "whether the reported increase is due to deteriorating job conditions or more truthful reporting by employers, the conclusion is the same: we must do more to stop this terrible toll of death, injury, and illness on the job."[19]

It is clear that greater attention needs to be placed on job safety if we hope to halt or at least slow down the growth of such staggering statistics. A good example of serious efforts to improve safe working conditions at the worksite was the recent contract negotiations of Boeing Aircraft and the IAM wherein the company and union negotiated a four cent per hour health and safety trust fund to be jointly operated by the company and union. The purpose of the fund is to put more resources and effort into protecting the health and safety of Boeing employees and reduce the accident and illness rate at their work sites. The company and union are planning special training and are preparing to hire new staff members who are experts in the field of health and safety in order to achieve their goals.

The injury of the worker on the job also creates additional problems such as those relating to job retention. If an injured worker is now disabled, is he or she to be released or retained by the employer? In the opinion of most trade unionists, workers who are injured on the job and who are eligible for rehabilitation have a right to return to work within their capabilities. In fact, collective bargaining agreements could assure that such workers will return to work at their former pay rates, and that their employers will effect whatever job modifications are needed to return these workers to their former jobs or to other jobs at equivalent pay. We believe that this approach to assisting people with disabilities would be far more beneficial to the employer and the worker than are adversarial involvements in workmen's compensation settlements or litigation. In the first place, return to work for the disabled worker is therapeutic and economically more feasible. It is also economically advantageous for the employer, inasmuch as the employer retains an experienced employee of proven ability.

The alternative to returning the disabled employee to work is utilizing the workmen's compensation process. Unfortunately, in many cases, the result is hostility on the part of both parties which results in litigation. Once litigation begins, hostility intensifies, communication between employer and worker becomes filtered by the attorneys, and settlement becomes more an issue of size than of fairness.

Fairness both to the person with a disabling condition and to the employer is essential. If fairness can be achieved, then the needs of both parties will be met. In order to accomplish that end, the greed of both parties must be restrained.

A fair resolution should involve reasonable compensation to the person with a disabling condition for physical or mental loss, for wages lost, for disability related medical expenses, and for

future losses due to a reduced earning capacity. This should be a package deal that provides for rehabilitation training and job accommodation including job engineering and new technology purchases when indicated.

For the employer, the cost for rehabilitation, retraining, job accommodation, and job engineering and technology purchases beyond reasonable operating cost should be offset by a monetary subsidy from a federal, state, or local government agency. Retaining, retraining, or returning those with disabling conditions to employment are responsibilities and obligations that we all must share. Since disability is not the responsibility of the employer alone, its costs should not belong exclusively to the employer.

For both the employer and the disabled worker, some process should be developed to reach fair and equitable settlement without the extensive and outlandish cost of litigation. Attorneys who add large sums to already costly and escalating settlements by means of litigating simple matters with clear and measurable disability outcomes are performing no necessary or useful service to their clients. A fairness doctrine can eliminate or greatly reduce such burdensome costs. Self evaluation by all parties to litigation may reveal that in some cases greed is a greater motivating factor than need.

Perhaps one way to create a fairness doctrine, at least in unionized plants, is to develop early intervention programs that assure that both the employer and any workers who become disabled on the job have a means for dealing with the problems in their mutual best interests.

There are many major problems that face employers, unions, and individuals with disabilities in the 1990s, and a closer working relationship between the three would go a long way to help resolve some of these problems. A closer working relationship certainly would improve the marketability of workers with disabilities who need jobs. Helping these people achieve productive careers is our ultimate goal.

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Excerpts of Reviews & Comments

Mr. Bradford has outlined well the role that the trade union movement represented by America's labor unions is and must continue to play in moving persons with disabilities into the mainstream of employment in the 1990s and beyond. The "window of opportunity" which I have referred to in my comments on Mr. Greenwood's paper and in Mr. O'Bryant's paper will not be opened wide enough or stay opened permanently unless labor, employers, persons with disabilities and rehabilitation counselors work together. The projects and activities already being carried out by labor in conjunction with rehabilitation and the employment community are not well known or understood. They need to be better publicized and the programs replicated on a larger scale. If this is to happen it will take some work on the part of labor and the rehabilitation community. This lack of understanding will continue unless we provide education and training to all concerned. The President's Committee on Employment of People with Disabilities has recognized the need to enhance the working relationship between rehabilitation, employers and labor. During FY '91 three pilot programs to foster this cooperation will be done. The project is entitled "The Labor-Employer-Rehabilitation Connection ... Making It Work."

Mr. Bradford's paper has many implications for rehabilitation educators and master's degree programs in rehabilitation counseling. Rehabilitation educators, both pre-service and in-service need to involve labor leaders in the development of the curriculum for training and educating rehabilitation counselors in the area of labor unions — how they work and what they can do as part of the resources available to assist in the employment of persons with disabilities. Conversely, much more needs to be done to educate the rank and file member of the various unions regarding the roll of labor in the employment of persons with disabilities and how they and their union can and should get involved. Employers need to learn about projects like the Boeing Corporation's joint project with IAM District 751 in the area of supported employment and how they can work with their union to create similar projects. These kinds of cooperative ventures must be shared at conferences of all publics involved, written up for their publications, and shared with the mass media.

Another area of concern that is delineated in Mr. Bradford's paper that needs further research and study is in the area of workers who get injured on the job. Current worker's compensations laws are not always conducive to returning the worker to employment or guaranteeing rehabilitation and retraining for employment. We need to rethink the whole issue for putting individuals out to pasture when they become disabled on the job. How can we get them back to work and not lose this valuable human resource. I feel that the concept of early intervention programs spelled out in Mr. Bradford's paper has merit and needs further development. As Mr. Bradford states in his paper, there are major problems that face employers, unions and individuals with disabilities in the 1990s, and a closer working relationship between the three would go a long way to help resolve some of the problems as well as who are in need of jobs. I certainly agree and would add one more group to the equation— rehabilitation counselors.

—Faith S. Kirk

This paper is most informative. If everyone reads this, they will find a great resource for placement for those with disabilities.

We as practitioners should embrace the unions to learn more about them and begin to develop partnerships with them and develop policies that both can live with. From this paper's point of view, it is management's prejudices that have been the stumbling block for those with disabilities, not the union.

It should be noted that the unions have put many disabled employees, both physical and mental, back into the work place. In every state, both public and private employers need to begin to work hand in hand with the unions to insure placement. In order for this to happen, job placement professionals will need more training and need to learn the union rules. Certainly they will need to be trained in various job descriptions and requirements of the jobs in order to make the right selections of the disabled person for the job.

The federal and state legislators could be of service to the unions as well as the disabled by adding greater incentives for going to work and incentives to employers for targeting jobs the disabled can perform according to their skill level.

Service delivery will certainly need better communication and more knowledgeable practitioners as well as greater accessibility to the union representatives from both sides. Management must plan together to help the disabled return to work. It will be imperative for workman's compensation laws to be reviewed as well as management being more open to reinstating workers.

—Charles L. McAdoo

This paper presents a comprehensive, exciting overview of labor union involvement in the vocational rehabilitation of persons with disabilities. Given the highly-successful initiatives undertaken in the '80s by groups such as IAM CARES and HRDI, we should be able to look forward to enjoying a productive, proactive working partnership between unions, employers, rehabilitation professionals and persons with disabilities in the 1990s.

Unfortunately, I suspect the old myths surrounding the resistance of unions to working with rehabilitation efforts are still held by many, and this can only serve to result in rehabilitation professionals overlooking unions as potential allies. Greater communication and networking needs to be fostered and maintained so as to work towards lessening the mutual suspicion which likely exists between these two groups. Additionally, as the author points out, we need to be cognizant of the fact that unions are in existence to look out for the rights of all of their members— able-bodied as well as disabled— and that rehabilitation professionals must

avoid requests which might be construed as reverse discrimination, but instead stick to concepts of "equal opportunity."

—Patricia Nunez

Of particular interest to me in this paper is the reference to organized labor as a resource to local agencies in forming a coalition to assure equal and fair treatment in JTPA fund allocations to serve persons with disabilities. On the basis of this information, I can visualize an additional area where coalition with the local PIC labor representative would be advantageous to enhancing employment opportunities for persons with disabilities, and that is in the nature of PIC training programs, generally. JTPA training programs are for the most part performance-based. While the positive aspect of such arrangements is clear, there is another side of the coin. Essentially, it forces training vendors to be selective and to pick the "cream of the crop" in order to maintain JTPA funding contracts.

Another area of concern is that, from my observation, PIC programs concentrate occupational skill development, and very few, if any, focus on basic math, spelling and reading skills in combination with other occupational skills. With the advent of computerized learning technology, and the national issue regarding lack of basic skills in reading and math, this issue could be addressed in JTPA-funded programs.

While I do not have all the answers, in relationship to PIC, it is my observation, at this point, that: 1) PIC programs may not be reaching those persons with disabilities who need the training the most; and 2) those persons who are being reached lack basic skills in math and reading that will hinder career advancement beyond the entry level position.

—Ruth Royall-Hill

The involvement of the unions in the reemployment/employment of persons with disabilities in competitive positions is of particular importance. This paper presents four items with which I would like to elaborate. The first is the innovative contract provision for the set aside of funds for employment of persons with disabilities. The second is the insight into the caveats found in labor contracts, which affect the ability to impose a change from the top. The need for the education of the members of the union, as well as management, to facilitate acceptance of persons with disabilities in the labor force. A last point would be the need for long-term follow-up of placed persons and more rigorous designs to assess the efficacy of the actual activities.

The actual approval of an agreement to establish a special trust fund dedicated for operation of a program to assist the persons with disabilities is important. It shows recognition that both parties in the arena believe persons with disabilities may make a contribution to the labor force, there is a need to provide assistance to aid in their efforts, and there will be a dedicated source of funding to assure the continuing operation of the program.

For many persons not in the personnel or legal fields, there is a lack of knowledge about labor-management contracts and their process. This article presents, from the union perspective, a good background on the labor-management contract process, along with suggestions on inserting a desirable end product into the agreement.

Changing perceptions of the public (both for management and workers) about the work potential of persons with disabilities is essential for successful participation in the workforce. Many recognize the contribution persons with disabilities can make in employment situations; however, there are many more persons who do not recognize the changes which have occurred in the past few years. This paper makes the point that the employer and the fellow employees are important in making the transition successful. To illustrate, under the Social Security demonstration program, one of the first persons hired was an individual who occasionally required a flexible schedule to accommodate medical needs. This individual's fellow employees were unaware of these needs, and perceived the person's flexible schedule and spatial isolation in a pejorative manner. The employee found the covert dissatisfaction unpleasant and it made work adjustment more difficult. Ultimately, this person was moved into the center of the office so fellow workers could observe the performance to be of a high level; social integration occurred, and the person has remained on the job in excess of three years.

The final point is the need for information on the retention of employment and the experiences of the persons with disabilities as they perform in the work environment. We have limited information on the duration of employment after being placed in employment, the adaptations they made to retain that employment, the effect of this retention upon their impairment(s), the quality of life changes, job advancement, etc. Clearly this is an issue meriting study.

—Thomas V. Rush

Mr. Bradford's paper is interesting and certainly sets forth the present view of labor. Labor's inflexibility regarding seniority, however, has served to prevent many people with disabilities from obtaining work or from returning to work following illness or injury because of the rigidity of contracts.

It is unfortunate that management and labor do work in an adversarial atmosphere when labor management agreements are developed.

Specific steps should be taken prior to contract renewal to develop provisions which will more closely accommodate the needs of disabled persons seeking employment and the needs of those members who could return to work early.

Mr. Bradford's history of the union movement and his discussion of laws which govern them make very clear labor's viewpoint. Labor's concern for assisting those with disabilities is genuine and well-illustrated by the many union-sponsored activities designed to aid people with disabilities.

It is also a fact that union membership is on the decline. This is unfortunate, for labor has made an invaluable contribution to the growth of our country and for the procurement of benefits which all employees enjoy. But like business itself, education and finance, labor must also change its perspective if we are to survive as competitors in a world economy. There are a few options that both labor and management might consider.

Management labor agreements state, or imply, rights and duties on both sides. Seniority and reasonable accommodation might hold equal sway where the retention of an experienced member is at stake. After all, jobs are getting smarter, not heavier.

Perhaps every employee has a right to believe they will be given every reasonable opportunity to return to work following illness or injury. This implies that every employee, be they a manager or a worker, has a duty to assist their colleague to return to a job even if it means relinquishing some functions and acquiring others. There is no way of knowing whether the boss or the worker will be the next to suffer from illness or accident.

Some companies, as a way of lowering the cost of doing business, contract for a labor force. Labor might contract with companies as a service provider to be responsible for performing the work of the organization. This could not only lower the cost of the company's employee benefits, but it would open up managerial positions within the union itself. The union would then have its own internal flexibility sufficient to a degree so as to work out its own method of making reasonable accommodation. This model might better serve a technical and service economy.

—Paul L. Scher

This paper has proposed, in conclusion, an ideal situation where a fair resolution between workers, union, and employer could be reached involving reasonable financial compensation to a person with a disabling condition, rehabilitation training, and job accommodation within their capabilities.

In my years of practice as a rehabilitation practitioner, however, I have observed that all too often, there is major resistance posed by various unions to resuming employment of a member who has acquired a disabling condition. This is despite attempts, as recommended in this paper, to include the appropriate union representative(s) in the earliest stages of rehabilitation planning. Issues of seniority seem to interfere most often. This is a particular problem when considering reclassification to allow a worker to assume a position within his/her capabilities which will allow the use of existing skills or newly acquired skills, perhaps through third party sponsored on-the-job training.

An issue which has not been addressed in this paper is that of the union member who has been fortunate enough to work sufficient years to vest benefits, such as medical disability retirement, prior to becoming disabled from his/her usual employment. There are restrictions to that person re-entering any type of union or non-union position, even at reduced pay, that is similar to their union classification without entirely losing the union pension funds. This is a major financial disincentive for that person to return to work in a position that would utilize transferrable skills and allow enhanced productivity, self-esteem, and social adjustment.

It seems reasonable that unions should consider some method of off-set of new income against pension benefits, particularly in situations of decreased income, without total forfeiture of all benefit entitlement. This would allow the disabled union member to regain access to the mainstream while decreasing union benefit fund expenditures.

—Karen M. Siders

Bradford provides a valuable history of the trade union movement and its long-time commitment to equal opportunity, extending to integrating persons with disabilities into the work force. These are contributions about which we have heard relatively little over the years, and about which those of us who are committed to improving the lives of persons with disabilities need to be reminded. Bradford explodes some of the myths about union resistance to employing workers with disabilities and clarifies some of the misconceptions by explaining the role and operation of labor unions and the constraints which govern them.

While some interesting examples of organized labor's efforts to employ people with disabilities and models of labor-management cooperation are cited, it may be helpful to have more comprehensive research data about the employment of persons with disabilities in jobs which have the protection and benefits of labor union membership. This would include, but not be limited to, the types of jobs performed, assistance provided by the union in obtaining or retaining employment, accommodations made, and promotional opportunities received or denied.

While additional information would be helpful in enabling persons with disabilities to secure and succeed at union jobs, it is already clear that labor unions have been an underutilized resource in furthering their employment. Unions have valuable contributions to make to advisory councils which plan programs, establish skills training curricula and standards, provide equipment, and promote job placement.

The message of what unions have done and can do especially needs to be heard by companies whose work forces are unionized, rehabilitation professionals, and consumers with disabilities, as well as by other labor unions who may not yet be fully committed to this effort so that they will be encouraged to get on board. National and local meetings concerning the employment of persons with disabilities need to assure that unions are represented on the agenda to share their successes and concerns.

Rehabilitation professionals have a special need for a working knowledge of labor unions and may benefit from internship and practica experiences at these sites. Curricula may need to be re-examined to make this possible. In addition, networking among rehabilitation professionals employed by labor unions with their colleagues in industry and at rehabilitation facilities would promote understanding and mutual cooperation.

Union members, themselves, could serve as excellent role models for persons with disabilities who wish to enter specific crafts. By speaking to groups or individuals with disabilities, and/or serving as mentors or instructors, union members could share their knowledge and experience about obtaining jobs with the benefits of union membership, apprenticeship and training opportunities, advancing within their crafts, as well as technical skills needed for success. While there may be rules which govern the ability of union members to participate with rehabilitation facilities in this way, the possibility of such information sharing may merit further examination. By participating in this way, union members

would be rendering a valuable community service. Such relationships would be mutually beneficial in that one-to-one contact with persons with disabilities would serve to break down any remaining barriers that might hinder the acceptance of workers with disabilities once on the job. Our economy needs all of its workers. Integrating persons with disabilities will take cooperation at all levels.

—Lana Smart

This paper is extremely helpful understanding the motivations of union actions on disability and employment issues. The involvement of the AFL-CIO and IAM is exemplary.

Everyone benefits when the constraints and motivations of all parties in a discussion can be explained clearly and frankly. Mr. Bradford's straightforward discussion of the historical context of the labor movement and the "reality" of collective bargaining agreements is very useful. But it is important that employers, unions and employees not hide behind a wall of claims about these agreements in order to avoid hiring and retaining employees with disabilities. Mr. Bradford also states that the "company has no right to effect such accommodations at the expense of the non-disabled employee"—yet there must be some cooperation, or accommodations that involve anything more than a simple hardware change are doomed to failure. The major implications of this paper are that federal funds should support efforts by IAM CARES and HRDI to bring other unions along to their degree of understanding and cooperation. Unions also need to be involved in disability management for existing employees, as well as hiring of new employees, which is brought out nicely towards the end of the paper.

—Sara D. Watson

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Chapter Five

The Role of Rehabilitation and the Issues of Employment in the 1990s

John J. Benshoff

Introduction

Historically rehabilitation has been shaped by the forces of society and, in turn, has shaped society. Rehabilitation began, and was given impetus, by the need to serve the veterans of the two World Wars. Rehabilitation counseling is one of the few professions which traces its beginnings to federal legislation (Brubaker, 1977). Later legislation (Rehabilitation Act of 1973) dramatically altered the character of rehabilitation caseloads. In turn, the civil rights thrust of this law has changed society. Ramps, curb cuts, and assistive devices for use by individuals with disabilities also serve to ease life for the general population. As more and more individuals with disabilities have availed themselves of their rights to full societal participation, society has responded positively. Many challenges remain, however, and many changes will, and must, occur in the coming decade.

Challenges to Rehabilitation Practitioners

With the advent of the '90s, rehabilitation practitioners again face new forces, including changes in society, and changes in the types and status of disability. These challenges include:

The Changing Nature of the World of Work

America has moved from an industrially based, manufacturing economy, to a business based, service economy, incorporating 70% of all jobs in America (Nickels, 1987). Changes in the nature of jobs have and will continue to accompany these economic changes. Increasingly jobs in the service sector will tend to be highly technological, labor intensive, interpersonally interactive, and highly complex. Many jobs will be communication and information based. Entry level jobs may be simple in appearance, but highly complex in demands. Workers will be required to be familiar with their job task and roles, and with technological advances. It is increasingly common to find the phrase "computer skills required" appended to employment advertisements for jobs of all types.

While many positions will continue to be available in large corporations, many jobs in the emerging service sector will be found in small, developing companies. Both the culture and the mission of these companies, with respect to individuals with disabilities, are largely unknown. Some may be very responsive to workers with disabilities; others may not. Smaller companies that do not have federal contracts in excess of $2,500 are not required by the mandates of the Rehabilitation Act of 1973 to provide employment assistance to individuals with disabilities (Parent & Everson, 1986), and may be loathe to voluntarily provide this support. Conversely, other small companies may go beyond the required minimums. Depending upon the state, workers in service occupations in small companies may not be eligible for workers' compensation coverage. Small, start-up companies may not be able to offer benefit and compensation packages which are competitive with those of larger, established corporations because of the spiralling costs of healthcare and disability insurance (Tibbetts & Donovan, 1989).

Changes in the Workforce

The graying of the workforce has been well documented: workers are growing older, and fewer replacement workers are or will be available. The first of the baby-boomers will begin to retire in 15 years. Acquisition of one form of disability or another is a natural consequence of aging. In many cases, the loss may be minor—e.g. reductions in visual acuity or loss of hearing. For others, disability may be major, resulting in involvement with private or public rehabilitation systems.

It has been well documented that return to work after a disabling injury is positively related to timeliness of service (Boschen, 1989/ Lam, Bose, & Geist, 1989). Individuals with short acute care and rehabilitation periods are more likely to have positive vocational rehabilitation outcomes (Beck, 1989). For older workers, however, the natural consequences of slowed recovery and recuperation may result in greater difficulties in achieving return to work status.

Furthermore, the impact of the aging work force will directly affect the rehabilitation professions. Crisler (1989) has asserted

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that state agency personnel retirements will escalate in the 1990s and there are suggestions that faculty attrition in rehabilitation education programs due to retirement and other factors will increase (Fisher, Crimando, & Janikowski, *1989*; *Wright &* Ebener, 1987). It is particularly important to note that many retirees will be senior administrators and faculty, with years of experience.

Changes in the Nature of Disability

The nature of disability has changed in recent years, as have rehabilitation resources. Sophisticated emergency medical and trauma services, advances in neonatal care, and improvements in medical therapeutics and diagnostics are having substantial impact on the status of disability (Zola, 1989). Individuals are surviving formerly terminal diseases or fatal trauma, and seeking rehabilitation services. These services are frequently technologically intensive, incorporating ventilators for breathing, sophisticated electronic wheelchairs for mobility, and computer systems for communication and life skills management.

Rehabilitation services may be more labor intensive as well, often involving extended and costly acute and rehabilitative multidisciplinary care in specialized settings. Moreover, individuals with severe disabilities, notably quadriplegia, may be able to function in the community only with the support of attendant care and independent living centers.

Along with more intensive and expanded levels of care, individuals with severe disabilities also require advanced services from rehabilitation practitioners. Szymanski and Parker (1989) have suggested that rehabilitation counselors with master's degrees in rehabilitation counseling are more likely to have higher competitive closure rates. Consequently, the demand for highly trained rehabilitation professionals is likely to increase.

The number of individuals surviving traumatic brain injury (TBI) has grown dramatically in the past decade, along with demands for and availability of services (McMahon & Fraser, 1988). Individuals who formerly would have been confined to nursing homes or state mental hospitals are now being actively and aggressively served in a wide variety of facilities, ranging from medically-oriented, coma intervention programs, to community re-entry rehabilitation programs. Significant advances have been made in the rehabilitation of TBI clients who experience severe behavioral difficulties, using behavior analysis and therapy strategies (New Medico, 1990). Rehabilitation case managers serving the TBI population are confronted with pediatric clients, and clients dependent upon advanced technologies, as well as clients who may require highly specialized professional services

Acquired Immune Deficiency Syndrome (AIDS) as a Disability

Acquired Immune Deficiency Syndrome (AIDS) as an emerging disabling condition for which individuals are accorded rights under the Rehabilitation Act of 1973 (Backer, 1988; Rowe, Russell-Einhorn, & Baker, 1986) and a variety of state and local laws (Stevens, 1988/ Wing, 1986) is presenting new challenges to rehabilitation and employers. Estimates suggest that 1.5 million Americans are infected with the AIDS virus, and that as many as 365,000 individuals will be diagnosed with confirmed cases of AIDS by 1992 (Backer, 1988; Martin, 1989).

A diagnosis of AIDS implies not only physical illness, and, *currently, fatality, but also generates substantial psychological* impact among AIDS sufferers including anxiety, guilt, depression, reduced self-esteem, and increased suicidal ideation and intent (Martin, 1989). Counselors are challenged to provide an array of services to meet the multifaceted needs of this client population. Moreover, Cohen (1990) has suggested that counselors face unique and substantial ethical dilemmas about confidentiality and disclosure. He argues that counselors have a moral obligation to disclose confidential information about the disease status of the client to relevant third parties (i.e. sexual partners), justifying his assertion on the widespread ethical notion that counselors have a duty to warn others when evidence of danger exists. While both logic and common sense support this assertion, nevertheless, it conflicts with traditional notions of client confidentiality and privacy (Erickson, 1990).

Within the workplace, employers are summoned to adopt policies and procedures to protect individuals with AIDS, from the often negative reactions and stereotypical, occasionally hysterical and unreasonable, responses of the workforce. Because workers with AIDS are protected from discrimination, employers are obliged to guarantee their right to work, privacy, safety, protection from emotional stress, and continued participation in company programs, including health and long term disability plans (Obdyke, 1989; Rowe, Russell-Einhorn, & Baker, 1986). AIDS cannot be contracted through normal, casual workplace contacts; it can be contracted only through an exchange of body fluids or through physical penetration of the skin by a contaminated instrument such as a needle or other sharp instrument. Most employees in the workplace have little objective reason to fear AIDS contagion, however, AIDS is shrouded in myth and misperception. It is incumbent on employers and counselors working with clients who have AIDS to provide education, guidance, and direction to dispel these myths and misperceptions.

Certain rehabilitation agencies may be confronted with increased costs for healthcare benefits because of AIDS. Premiums for healthcare insurance are actuarially determined, based upon risk factors inherent in the job setting. In most instances, rehabilitation agencies have relatively low risk factors; rehabilitation practitioners do not typically work with dangerous machinery or equipment, in hazardous settings or with clients who have active, communicable diseases. A different reality exists for chemical dependency rehabilitation facilities, however. Often these facilities employ former IV drug users, individuals who are at substantial risk for the AIDS precursor, human immunodeficiency virus (Schoenbaum et al., 1989) or serve individuals with active infections who may act out in violent fashion, resulting in spilled blood. Consequently, the cost of healthcare insurance or long term disability coverage can be prohibitively high.

Chemical Dependency Issues in Rehabilitation

Recent research indicates that alcoholism and drug addiction have a significant impact upon rehabilitation caseloads and services, and upon the workplace (Backer, 1988; Benshoff, Grissom, & Nelson, 1990/Bensinger, 1982; Sparadeo & Gill,

1989). Data suggest that alcohol or drug problems (as either primary or secondary disabilities) are seen in rehabilitation caseloads from 20% to 50% of the time (Benshoff, Grissom, & Nelson, 1990; Boros, 1990; Jones, 1989; Moriarty, Walls, & McLaughlin, 1988) with related to traumatic brain injury (Jones, 1989/ Sparadeo & Gill, 1989) and spinal cord injuries (Heinemann, Doll, & Schnoll, 1989).

While there has been explosive growth in the last two decades in the number of chemical dependency (CD) treatment facilities, concern and strategies for serving individuals with disabilities is just beginning to emerge. A number of factors are related to this late development. Traditional chemical dependency treatment has been cognitively based. Clients attend lectures, watch movies, read therapeutic materials, participate in group and individual therapy and peer self-help groups (e.g., Alcoholics Anonymous, Cocaine Anonymous, etc.), and write histories of their drug and alcohol experiences. Individuals with sensory or certain cognitive disorders are effectively excluded from full and meaningful participation in this type of treatment.

Secondly, many chemical dependency treatment programs have been slow to respond to the accessibility needs of individuals with physical impairments (de Miranda & Cherry, 1989). Often CD programs are located in rural settings with limited accessible transportation, and frequently inaccessible grounds and buildings. Pressure from disability activist groups and state and federal legislation is bringing change, however.

Furthermore, the issues of added stigma and misplaced perceptions are of concern. Chemical dependency is a disease characterized by denial. Individuals who feel stigmatized by disability are at greater risk for denial of the existence of a second disabling condition. In addition, the misperceptions and misguided intentions of family and friends, and rehabilitation professionals place the individual with chemical dependency and other disabilities at substantial risk. "Well-meaning caretakers and loved ones may even encourage use of alcohol and other drugs due to the misperception that the alcohol helps the impaired person (sic) to socialize, to experience pleasure or happiness, and possibly to feel 'equal' with more able bodied people" (Schaschl & Straw, 1989, p. 150). Many rehabilitation professionals simply ignore chemical dependency issues when they occur with their clients, exacerbating problems. Chemical dependency problems rarely disappear spontaneously, and the failure to treat a CD problem may obviate the best laid rehabilitation plan.

Finally, there are financial concerns with regard to chemical dependency treatment. Much of the growth in chemical dependency treatment has been in the private sector, with comparatively less growth in the public sector. Individuals with disabilities may not have the personal or health insurance resources to obtain needed care, and public services may not be available.

Employees with CD problems constitute about 12% of the work force (Pace & Smits, 1989) and are thought to cost business and industry nearly $60 billion in lost productivity, accidents, healthcare costs and workers' compensation expenses as a consequence of drug or alcohol use and abuse (Miners, Nykodym, & Samerdyke-Traband, 1987). They have more accidents, absences and sick leave; file five times as many workers' compensation claims; and tend to arrive late and leave early (Adams, 1988; Veglahn, 1989). While these figures graphically illustrate the economic and vocational havoc wrought by chemical dependency problems, they fail to capture the more intangible costs of the pain of dependency for individuals, families, co-workers, supervisors, and companies.

Many businesses have begun to respond to chemical dependency problems by offering employee assistance programs (EAPs) for troubled employees and families, with significant results. Ideally, an EAP is a professionally staffed evaluation and referral service centered on resolving job performance difficulties resulting from employee personal problems. EAPs trace their existence to early corporate programs dealing with employee alcoholism issues, however they have grown in size and scope to include a diverse variety of issues affecting the employee *and* the employee's family. A substantial number of large corporations maintain internal employee assistance programs, and private and public providers have begun to offer EAP services to smaller companies through consortium and other arrangements.

A number of researchers have asserted that rehabilitation counselors are uniquely qualified to serve as employee assistance professionals (Dickman & Emener, 1985; McMahon & Shaw, 1983/ Hastings, 1984). Despite this suggested match, rehabilitation practitioners have been slow to enter EAP ranks. However this trend appears to be changing. Increasingly rehabilitation counselor training programs are offering EAP and chemical dependency courses and students are enrolling in these courses in substantial numbers (Benshoff, Janikowski, Taricone, & Brenner, 1990).

The Emergence of Disability Management

The expenses associated with short-term and long-term disability for workers who sustain job related illnesses and injury constitute a major portion of the spiralling cost of healthcare. Disability management can control healthcare costs, and benefit both employers and employees alike (Habeck, Williams, Dugan, & Ewing, 1989). More than case management, disability management includes activities performed to plan, coordinate, and provide services to the worker with a disability to promote return to work in the fastest, most cost effective manner. Efforts are coordinated, goal directed, multi and trans-disciplinary, creative and well integrated into comprehensive corporate benefits and healthcare process.

The planning and coordination elements of disability management include actualization of a corporate policy reflecting the interactive dynamics of business, healthcare, and rehabilitation, with prevention as a key element. Companies need to identify risk situations, and implement strategies for risk reduction or elimination (Mitchell & Shrey, 1985). Beyond establishing policy, companies need to respond to employees in a proactive, caring, and timely fashion. Contacting injured employees shortly after disability onset has been an effective tool for maintaining contact with the work place, and for reinforcing early return to work (Watson, 1989). Many companies encourage managers to establish contact by phone or in person while the injured employee is in acute care.

Assertive, compassionate intervention is a hallmark of sound disability management. Intervention may include obtaining more expensive, more sophisticated care early in the disability process to speed both treatment and recovery, and prevent long

term disability. For example, it may be more cost effective to helicopter a spinal cord injured individual from a small, local hospital, to a regional spinal cord trauma center, where more intensive, specialized services are offered. Dollars may be saved in the long term, and good will is established with the employee and family.

The centerpiece of any disability management strategy should be the rehabilitation plan, which specifies needed services, and desired objectives and goals (Mitchell & Shrey, 1985). Good rehabilitation plans imaginatively emphasize well founded rehabilitation strategies: job analysis and modification/ light or restricted duty; adaptive devices and site modification; and utilization of external and internal professional resources.

Understanding the Needs of Industry and Business

Of all of the human service, helping professions, rehabilitation counseling is arguably the best suited to meet the needs of industry and business. Master's level graduates of Council on Rehabilitation Education programs are exposed to courses in personal and vocational counseling, vocational evaluation and assessment, job development and placement, and the nature and impact of disability. Additionally, counselors need to develop basic understandings about business and industry. For example, rehabilitation counselors must clearly understand that businesses exist to earn a profit and remain solvent (Meigs & Meigs, 1989), and that both cost containment (especially healthcare costs) and maintenance of a stable, viable workforce are vitally important. Nonetheless, evidence suggests that counselors are not attuned to the corporate environment, perceiving it as uncaring and unresponsive (Backer, 1988; Patterson, 1974/ Schriner, Greenwood, & Johnson, 1989). There is growing indication that the corporate world is recognizing that productivity and innovation are enhanced by work environments which value a healthy, educated, and trained work force (Peters, 1987; Tate, 1987). As corporations change, so too will opportunities in business and industry for rehabilitation counselors.

Corporations are becoming more cognizant of the contribution made by employee assistance programs and disability management efforts, creating career options for rehabilitation practitioners. A number of authors (Backer, 1988; Burgess, Benshoff, Early & Taricone, in press; Sales, 1979) have suggested that rehabilitation counselors entering the corporate world need to develop specific additional skills. Courses in labor law, workers' compensation, medical case management, and business and business practices have been recommended. Moreover, students planning careers in business and industry should participate in field experiences (practica and internship) in those settings.

Finally, rehabilitation practitioners need to understand that the corporate environment is substantially more complex than typical rehabilitation agency environment. Successful agency based strategies may not be of utility in the corporate sector, and new ways of thinking and acting may be dictated.

Private Sector Rehabilitation

Twenty years ago most interactions between business and industry and rehabilitation were conducted by state vocational rehabilitation employees or employees of non-profit contract agencies and potential employers. Today, most interactions with business and industry involve private sector rehabilitation practitioners. In 1970, George Welch developed a small private rehabilitation unit within the Insurance Company of North America, and is generally credited with founding private sector rehabilitation. From that inauspicious beginning, the private sector has grown in size to equal, or perhaps exceed, the state-federal system of rehabilitation (Rasch, 1989).

There are a number of fundamental differences between public and private sector rehabilitation. Within the private sector caseloads tend to be smaller, more specialized, with back injury predominating, and involving workers who have a job history. Public sector caseloads are larger, less specialized and, often involve clients with minimal or no job histories, a consequence of the emphases on services to the severely disabled, transitions clients, and supported employment clients.

A medical model, and a vocational model of private sector rehabilitation have emerged. The medical model centers on the provision of intensive medical case management, generally by a rehabilitation nurse. Philosophically, this model suggests that intensive, efficient medical service will result in a more timely return to work. The vocational model, more closely akin to traditional rehabilitation endeavors, stresses the importance of vocational rehabilitation services offered by a rehabilitation counselor, as a complement to medical and other services. This model presupposes that the provision of comprehensive vocational services will bring about earlier return to work, and that the process will be more closely synchronized to the needs of the disabled worker and the company, resulting in greater mutual satisfaction. Both models stress the importance of cost saving mechanisms, including rapid initiation of services, monitoring of service activities using quality control and utilization review techniques, and a focus on the traditional private sector goal of return to work with the same employer at the same occupation.

Recent national concerns about health care costs have had a profound influence on services offered in the private sector. Some companies are emphasizing claims review services above all else. In his opening speech at the recent National Association of Rehabilitation Professionals in the Private Sector (NARPPS) Annual Meeting, Executive Director Richard LaFon continually referred to the membership as "rehabilitation and health care cost containment professionals" (LaFon, 1990).

In 1981, Matkin and May posed the classic private rehabilitation question "Who is the client?" (p. 16). Seven years later Kaiser and Brown (1988) raised exactly the same query (p. 28). This has been, and until the development of a cohesive sense of private sector rehabilitation identity and professional self-esteem, will continue to be *the question*. It may be a spurious question without merit, however. Doubtless, everyone in rehabilitation would agree that the individual with the disability is the client, not the insurance carrier, nor rehabilitation company, nor employer. Nonetheless, claims adjustment, litigation, benefits management, settlements and other external forces in the rehabilitation plan artificially divert attention from the fun-

damental professional obligation to provide the best possible care to the individual with a disability.

Reducing Negative Stereotypes

In the '80s individuals with disabilities moved into the work force in increasing numbers, and growth in this trend is anticipated in the '90s, particularly as human resource managers are hard pressed to find skilled, trained workers in a decreasing applicant pool. The success of workers with disabilities will depend greatly upon improved employer attitudes. Administrators, supervisors, managers and co-workers all hold prejudices, misconceptions and biases about people with disabilities, and these feelings and thoughts will have a profound impact on the integration of workers with disabilities (Nathanson & Lambert, 1981; Perry & Apostal, 1986). Simple familiarity and association with people with disabilities has and will continue to be a potent force in overcoming negative attitudes. Research has suggested that employers tend to react to labels rather than to individuals (Bowman, 1987). As more individuals with disabilities enter the work force and are seen as competent workers, improvements in hiring practices should occur. True integration and an end to discriminatory hiring practices will take more than the serendipitous development of respect earned by the hard work of employees with disabilities. As long as applicants with disabilities are required to spend more time defending their disabilities, rather than accentuating their job competencies, barriers to equal opportunity will prevail (Strom & Ferris, 1982).

Continuing the anti-discrimination efforts begun by the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) proposes to ban discrimination and mandate protection for individuals with disabilities. While legal rights will be guaranteed, moral rights, those rights established by the values, customs and mores of society (Beauchamp & Childress, 1983), will continue to be difficult to ensure. As in business and industry, societal values have been, and will continue to be, fashioned by association with individuals with disabilities. One positive trend has been the affirmative portrayal of individuals with disabilities in the media. Benny, on *LA Law*, and Corky, on *Life Goes On*, and the actors with disabilities appearing on a variety of other television shows and commercials have done much to constructively shape attitudes and beliefs.

Supported and Sheltered Work in the 1990s

Prior to the late 1970s, rehabilitation services to individuals with the most severe disabilities were limited to sheltered workshop and day program activities. Low rates of transition to, and maintenance of, competitive employment, and increasing numbers of individuals with very severe disabilities stimulated the development of supported employment options (Parent, Hill, & Wehman, 1989; Szymanski, Buckley, Parent, Parker, & Westbrook, 1988). First defined formally in the Rehabilitation Act Amendments of 1986, supported employment "programs are characterized by intensive skill training and ongoing support services directly at the employment site after job placement. Attention to the worker's residential and transportation needs are included..." (Parent, Hill, & Wehman, 1989). Three common models of supported employment have developed: Individual Supported Competitive Employment; Enclaves; and Mobile Work Crews.

Individual supported competitive employment involves placement of the individual in a competitive, integrated job within a traditional work environment, with training and support provided by a job coach. Job coach support is faded based upon the individual's progress, with the ultimate goal being total removal of the coaching support. Typically worker salaries and fringe benefits are paid by the employing company, while support for job coaching is provided by third party sources such as state VR agencies or private industry councils (Whitehead, Davis, & Fisher, 1989).

Enclaves are made up of small groups of individuals with disabilities working in industrial settings with their nondisabled peers. Again, worker salaries are paid by the employing industry with supervisory support from a third party public source. Workers in this model frequently perform assembly or piece work tasks, and may make wages differing from the minimum wage depending upon productivity and hours worked. Individuals with disabilities in mobile work crews may travel from job site to job site performing a variety of service activities like janitorial labor, groundskeeping, and housekeeping, under the supervision and guidance of a job coach.

Clients in supported employment programs enjoy several advantages over their peers in sheltered workshops. They work in community based, integrated jobs side-by-side with nondisabled peers; their jobs, while usually entry level, have growth potential; and their salaries are tied to normal wage structures on an intangible level, workers in supported employment gain an increased sense of self-esteem, autonomy, productivity, and independence. Success in supported employment job functions is closely related to the strength and character of vocational and social relationships, the client's opportunities for full participation in the work site, and the genuineness of assigned tasks (Hanley-Maxwell & Bordieri, 1989).

Participation in supported employment programs is advantageous for business and industry. Tax and other financial incentives are available depending upon the state. More importantly, supported employment programs offer a ready supply of workers, with guaranteed no-cost training, for difficult to fill entry level positions. Supported employment clients are good candidates for traditionally high-turnover service jobs such as fast-food and housekeeping occupations and can contribute to the stability of the work force. The intention is not, however, to supply workers for dead-end, no advancement, segregated positions, as Hanley-Maxwell and Bordieri (1989) have cautioned.

The conversion from sheltered workshop to supported employment services can be challenging for rehabilitation agencies and clients (Parent, Hill, & Wehman, 1989). Client activities are removed from the safe, secure environment of the rehabilitation center; employment of non-traditional staff who work in decentralized settings is necessary; and new financial, clinical, and administrative structures are required as old contracts are replaced by new, and services are offered in dispersed locations.

The Schools and Transition to Work

Each year more than 50,000 individuals with disabilities leave the public school system (Wehman, Moon, Everson, Wood, & Barcus, 1988), but less then a quarter of them become either fully employed or are in college or technical school. Given initial impetus by the Rehabilitation Act of 1973, and especially Public Law 94-142 (the Education for All Handicapped Children Act), transition programs have evolved to facilitate entry into gainful, competitive, integrated employment for youth with disabilities.

Transition programs are a variant of supported employment, relying heavily upon the strategies of job coaching, industrial enclaves, and mobile work crews. However, while supported employment stresses post-employment strategies, transition programs also include pre-employment training and development activities beginning in the junior high school years. The emphasis is on career and social development, reflecting an acknowledgement that job acquisition and retention are dependent upon both vocational and social skills. Successful implementation of transition programs requires multi-disciplinary cooperation of schools, state VR programs, employers, parent groups, and clients. "Bridging" ventures (internships, on-the-job-training, work-study programs) are key to the transition process, also (Rosenthal, 1989).

The advantages offered by a better educated, better vocationally prepared youth work force are obvious. Less apparent are the challenges to implementing this process. Rehabilitation counselors, and educators may need to develop new strategies, new thought patterns, and relinquish dearly held notions about professional roles to provide optimal services.

Innovations in Rehabilitation Counseling

New clients, new disabilities, the changing work force, and new programming require innovation in rehabilitation counseling. Many rehabilitation counseling graduates are seeking positions in business and industry, and several preservice education programs have developed courses in business and industry rehabilitation including Southern Illinois University, New York University, University of Kentucky, Pennsylvania State University, (Ellien & Wolkstein, 1987) and others. Other preservice efforts have included the development of new instructional models (Alston, 1989; Burgess, Benshoff, Early, & Taricone, in press; Stewart & Vander Kolk, 1989) and an increasing use of computer simulation activities, especially for caseload management activities (Chan, et al., 1989; Janikowski, Berven, Meixelsperger, & Roedl, 1989). Research activities appear to be moving from an examination of what counselors do (e.g. role and function studies) to more of an emphasis on what counselors do well (e.g. outcome and effectiveness).

Within the field there appears to be an increasing emphasis on organizational development issues and on developing new and more accessible training strategies for working counselors. The expanded role of counselors is of interest, also, particularly with the development of new service components such as supported employment, traumatic brain injury, and chemical dependency. Counselors are being forced to acquire at least minimal understandings of job coaching, behavior analysis and therapy, cost containment, and chemical dependency, and other emerging areas.

Special Populations

Rehabilitation is currently being challenged to serve increasing numbers of Chinese Americans (Chan, Lam, Wong, Leung, & Fang, 1988), Hispanic Americans (Medina, Marshall, & Fried, 1988), and Native Americans (Tanner & Martin, 1986). It has been suggested that cultural minorities experience greater rates of disability (Hispanic Americans and Native Americans) and have lower rates of service utilization (Hispanic Americans, Native Americans, and Chinese Americans) and success (Hispanic Americans and Native Americans) with traditional rehabilitation programs (Chan, Lam, Wong, Leung, & Fang, 1988; Medina, Marshall, & Fried, 1988; Santiago, 1988; Tanner & Martin, 1986). Barriers to effectively serving cultural minorities center on three issues: cultural identification, language barriers, and cultural values. While ethnic groups may seek acculturation with the larger society, it is equally true that potent ties to cultural heritage are retained, and these ties may be strongest when confronted with problems such as disabilities (Youkstetter & Schore, 1988). In addition, economic disadvantage resulting from underemployment or unemployment may prevent Hispanics from seeking services (Medina, Marshall, & Fried, 1988; Santiago, 1988) and the paucity of services available to Native Americans residing in rehabilitation efforts.

The solutions to providing better services to these underserved groups go beyond training and hiring more minority counselors, or providing second language training for counselors.

Medina, Marshall and Fried (1988) have suggested that rehabilitation counselors need to adopt a pluralistic world view which will allow them to view all clients, regardless of background, within the context of the client's culture, history and environment. Counselors must be responsive to the individual differences of their clients not demand that clients accommodate to the demands of the rehabilitation system.

In addition to the needs of differing ethnic groups, there is growing recognition that women are an underserved minority in rehabilitation. Women make up 53% of the U.S. population, but comprise less than a third of the cases in the state-federal VR system; they are more likely to be involved in successful case closure, but only earn about half of the salary achieved by males at closure (Menz et al., 1989). It has been suggested that women with disabilities suffer from double jeopardy discrimination (Menz et al., 1989; Slappo & Katz, 1989) based on gender and disability. Rehabilitation counselors who work with women with disabilities also need to adopt a pluralistic view. The ability to look beyond the disability should not be hampered by stereotypic thinking about gender roles.

New Technologies

Technology, and especially computer technology, has been proclaimed the great equalizer for people with disabilities (Williams, 1988). Print reading computers, computer driven speech synthesizers and electronic braille printers have expanded com-

munications options for individuals with visual impairments/ visual signalling devices and telephone-computer linkages have extended communications abilities for persons with hearing impairments; and developments in micro-chip technology and refinement and miniaturization of electric motors have fostered opportunities in mobility, communications, and activities of daily living for individuals with physical disabilities.

The gains occasioned by these single devices have been outstripped by the gains made possible through the development and use of multiple technological mechanisms in an integrated configuration. The AbleOffice modular work station system designed by the Center for Rehabilitation Technology at the Georgia Institute of Technology includes 14 modules which can be joined in various ways to meet the needs and demands of individual users (Wolfson, 1989). The system classification levels include: Level 1— aimed at users with poor to fair manual dexterity; Level 2— directed at users with poor upper body mobility; and Level 3— designed for individuals with no voluntary or controllable upper body movement who require robotic assistance. By following customized specifications, individuals with the most severe disabilities can function in an office environment.

The application of new technologies, especially ergonomics, the art and science of fitting the person to the job and the job to the person, has great potential to prevent or reduce job related injuries (International Business Machines, 1986). While the majority of workers' compensation claims continue to be for back injuries, carpal tunnel syndrome problems are growing, particularly among women who perform repetitive hand functions. Ironically, the increased use of computer technology has resulted in an escalation of visual, neuromuscular, and headache difficulties resulting from prolonged use of keyboards and video display terminals. The incidence of these problems can be lessened through the application of new training strategies, well designed furniture and equipment, and job modification techniques.

Problems and Proposals for the '90s

The rapid developments of the '80s will doubtless continue into the '90s with continued growth in business and industry opportunities for rehabilitation professionals. In part, the quality and quantity of that expansion will depend on needed improvements in pre-service graduate education. While the traditional rehabilitation curriculum is generally regarded as adequate preparation for working with business and industry, others have suggested that additional courses are needed, especially in labor law, business practices, and workers' compensation. The addition of these courses may be burdensome to students. The curriculum set by the accreditation standards of the Council on Rehabilitation Education tends to limit elective course opportunities. Students wishing to take business-related courses may be forced to go beyond the usual course and credit load.

It will be important for programs to expand field placement opportunities in business and industry, also. Clinical fieldwork placements have traditionally been a vital part of rehabilitation education, however relatively few placements have been in business or industrial settings. Establishment of these sites will be important for both academia and business and industry, but is fraught with risk for both groups. Issues of concern include the type and quality of supervision, the role and acceptance of students in the industrial setting.

The demand for rehabilitation counselors skilled in case management has been on the increase in both private and public sector rehabilitation, but has received little attention in training programs (Chan et al., 1989). Courses in case management may be seen by students and faculty as incompatible with clinical professional training, and as boring and unstimulating. Job placement skills are in great demand, also, but have been receiving less than enthusiastic interest by students. A refocussing of the curriculum to emphasize these two areas would be appropriate, and teaching strategies devised to enhance their attractiveness.

Rehabilitation Services Administration (RSA) support for graduate programs has been vital for their growth. Most, if not all of the existing rehabilitation training programs, receive some level of RSA funding, which has enabled them to grow and prosper, and educated thousands of rehabilitation practitioners. Recent regulations mandate that recipients of federal training stipends must work in either public or publicly supported nonprofit private facilities after graduation. This mandate may limit the number of students preparing for careers in business in industry or private sector rehabilitation. Secondly, acceptance of, and reliance on federal support may constrain program curricula. However, since students are unlikely to refuse stipends, and programs are unlikely to eschew federal support, it is also incumbent upon them to explore alternative funding sources. It is appropriate for business and industry and private sector rehabilitation to begin to provide greater financial support for student training. The corporate world has enjoyed the fruits of government supported training programs for many years. The time for reciprocity has arrived.

Supported employment and transition programs have shown great promise in generating employment opportunities for individuals with severe disabilities. This is an area where private enterprise needs to assume a larger financial role, also.

The predicted growth in the need for rehabilitation services, coupled with the forecasted attrition in senior rehabilitation personnel (Crisler, 1989) underscores the administrative-managerial skills. Counselors working with newly emerging client groups (AIDS, chemically dependent, supported employment clients, etc.) need improved clinical skills. The rehabilitation system will need trained managers to replace those lost through retirement.

The greatest problems facing practicing rehabilitation professionals in the '90s center on professional identity and cohesion. Unlike many other professional groups, rehabilitation practitioners have several organizations which they can join (NRA and divisions; AACD and divisions; NARPPS; NCRE); a variety of certifications which they can hold (CRC; NCC; CWAVES; CIRS; CEAP; etc.) based on an assortment of academic and examination credentials; a diversity of job titles (rehabilitation counselor; rehabilitation consultant/ job coach; rehabilitation case manager; employee assistance specialist; transitions specialist; etc.); and a continually expanding universe of job responsibilities (case management/counseling; consultation; rehabilitation engineering; job coaching; cost containment; disability management; etc.). While this diversity augurs well for

career opportunities, it also promotes confusion, fragmentation, and misunderstanding.

If the rehabilitation profession is to adequately and professionally serve workers with disabilities in the '90s, it must: (a) expand the preservice curriculum through inclusion of business related courses and field placements; (b) increase the emphasis on job placement and case management courses; (c) expand both clinical and administrative continuing education and inservice programs; (d) aggresssively seek private enterprise funding alternatives for both training and service ventures; and (e) seek greater standardization and definition in job role and functions, professional affiliation and certification, and job titles. Finally, rehabilitation must reaffirm and reassert the quality vocational services to workers with disabilities.

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Excerpts of Reviews & Comments

I would like to comment on two issues, the first issue is the need for business to take a more active role in the rehabilitation process for employees that become disabled through illness or injury. Direct line supervision should have the responsibility to stay connected with the employee, to encourage them to return to work as quickly as possible even if it is part time or on light work. Employer medical units should be in close contact with private physicians to encourage them to allow return to work on a limited basis. Rehabilitation does not begin at home watching soap operas.

Part of rehabilitation is to get back into the flow by getting up and coming into work each day. Initially they could be given duties such as reviewing standard practice manuals or updating safety manuals. The next step could be light work doing part of their previous job or carve out a part of any other job on the site. The important thing is to keep the process moving forward. Depending on the individual progress and the long term medical prognosis, it may be necessary to form a placement committee to determine what assignment may meet the individual's needs and long-term capabilities. The committee should look first at jobs on the same level and then at jobs on lower levels. We have on occasion moved individuals into jobs where they were temporarily excess but openings were anticipated in a reasonable time period. Two principles should be followed, no other individual is to be bumped out of their job or assignment because of this action and seniority should not be violated to promote the person with a disability over a co-worker.

The second issue I would like to comment on concerns the practicing rehabilitation professional. I believe the rehabilitation process needs more emphasis on marketing. One alternative is more training and education for the rehabilitation counselor in marketing concepts. The downside of this alternative is that it takes special talent to be good at marketing; an outstanding rehabilitation counselor may not have this talent. Should we really expect the counselor to be able to do it all? Another option is to bring marketing expertise to the job by adding a marketing resource to the team. This resource could support the counselor or could actually do the job placement. Do we ask the automotive engineer to design the car and then go out and sell the car? Marketing expertise can be incorporated in the PWI model which is discussed at greater length in other papers in this publication.

—Richard L. Drach

Dr. Benshoff has succinctly delineated the challenges and influences that will effect the field of rehabilitation and the professionals who work in that field in the 1990s. If rehabilitation is to continue to provide quality services to individuals with disabilities in the 1990s then the way they do business will need to be altered and the training of the professionals will need to be expanded and changed.

Rehabilitation counselors, placement specialist and heads of rehabilitation agencies do not have the experience working with small businesses that they do with large corporations. Yet both Dr. Benshoff and Mr. O'Bryant state in their papers that the real growth in employment opportunities are in the small business arena. Work will need to be done so that we can identify the needs of this sector of the business community and how to integrate persons with disabilities into their workforce. We will need to develop new incentives and strengthen the ones we have. Many questions come to mind which need to be addressed and strategies to deal with them developed.

The issues of an aging workforce is also of concern, since the incidence of disability appears to increase with age. The older worker with a disability will be a new population that rehabilitation will need to serve. This will require additional training of professionals and new strategies in working with employers. This aging workforce will also have a great impact on the workforce currently employed in rehabilitation professions. We are losing our most experienced professionals at all levels (those who work in service delivery and those who train the professional at the university and college level). This translates into a great need to recruit dedicated and competent individuals into the rehabilitation professions. Steps that need to be undertaken at the national, state and local levels include:

The development of more scholarships and fellowship programs. The cost of obtaining the needed extensive training to enter the professions is escalating each year. All publics must work together to provide needed financial assistance to attract individuals to careers in rehabilitation to adequately supply us with well trained professionals for today and into the future. In these tight economic times, we must insure that federal and state governments do not lessen their commitment for professional development. The current scholarship and fellowship programs supported by the U.S. Department of Education, Rehabilitation Services Administration and other departments of federal and state government must be continued, strengthened and expanded. We cannot solely rely on government to meet this need. Organizations which represent professionals in rehabilitation must commit resources to scholarships, fellowships and grants. The continued development and improvement of the professionals they represent will not occur if new leadership and new talent is not brought into their ranks. Corporate America and the labor movement also must play a role. This country needs a well trained and well served labor force. Individuals with disabilities are a vital part of the emerging labor force. Qualified professionals to prepare this labor force are needed and all who benefit must help to underwrite the qualification process.

National and local strategic marketing and recruitment plans to insure competent individuals enter rehabilitation professions need to be developed and implemented at the national, state and local levels. This must be done in cooperation with the professional organizations.

Corporate America is beginning to recognize the need for expertise in-house to address the needs of current and future employees. This is addressed in both Mr. O'Bryant's paper and Dr. Benshoff's

paper. This is seen in the rise of employee assistance programs and the need of employers to be involved in disability management. Business and industry should actively recruit rehabilitation counselors into their human services departments to help provide the needed in-house expertise. Business persons can no longer afford to lose employees to disability, illiteracy, drugs and alcohol. Conversely, rehabilitation educators will need to work with the business community to expand their curriculum so that rehabilitation professions can develop the additional skills outlined in Dr. Benshoff's paper.

I concur with Dr. Benshoff when he states "New clients, new disabilities, the changing workforce, and new programming requires innovation in rehabilitation counseling". I would go further and state that it also requires expansion and upgrading of the master's and doctorate degree rehabilitation programs. Courses will need to be added and or expanded in dealing with cultural minorities, business, technology, organized labor, older Americans to name but a few. Further we must assure that those that work in the state/ federal rehabilitation program meet minimum standards. If this is to take place then we must insure during the upcoming reauthorization of the Rehabilitation Act that the term "qualified personnel" is defined. As we are well aware the term "Vocational Rehabilitation Counselor" as used by the state personnel system is merely a job title. The title, unfortunately, carries with it no standard criteria or qualifications as are carried by the Certified Rehabilitation Counselor (CRC). To correct this problem and make sure that we have qualified rehabilitation counselors working in the state/federal rehabilitation program to deal with the complex issues that have been identified in this paper and the papers of the other presenters, we must insure that during the reauthorization of the Rehabilitation Act the term "qualified personnel" is defined utilizing the standard that has been established for Certified Rehabilitation Counselor.

—Faith S. Kirk

In order to meet the demands of the work place, programs will need to be developed to educate and train a changing workforce. From primary to post-graduate studies, this will have to happen. It would appear that while the work force is growing older, it is also becoming more disabled. Policies of companies may need to be changed and let the older workers be used as trainers in their respective companies. Schools need to be charged with not only the basics but with new and innovative programs that will lend themselves to students that will keep them in school and develop them to their highest potential.

Training should come from schools, industry and vocational education. Training should be done with the employers in mind and honesty with trainees. All too often this does not happen.

New research should be done in order to better train trainers and to access the job market. Practitioners, especially job placement professionals, should be better equipped to get clients into job situations.

Legislation should make changes that will allow monies available for nothing but job readiness, employment preparation and job placement. At this point, many public rehabilitation agencies cannot buy outside services from private vendors and when they can, the price is too low.

Delivery of services will not only come from the counselors, hospitals and social workers, but from job placement professionals. Job placement professionals should be degreed and trained. After all, job placement is the bottom line.

—Charles L. McAdoo

The author presents a comprehensive overview of current and future challenges to the rehabilitation professional by reviewing the needs of business and industry, transition from school to work, innovations in rehabilitation counseling, special populations, etc.

Part of this paper addresses the fact that employees with chemical dependency problems constitute about 12% of the workforce, and ultimately cost industry nearly $60 billion in lost wages, accidents, productivity and worker's compensation costs. This lends significant implications for: 1) development of comprehensive EAP services to industry; and 2) inclusion in rehabilitation counselor education programs courses on the issue of chemical dependency. Additionally, with documented higher rates of alcohol and drug use related to persons with TBI and SCI, it is unacceptable that many chemical dependency programs are not accessible to persons with disabilities. This specific service delivery system *must* be made available to all individuals seeking rehabilitation from chemical dependency in the 1990s.

In addressing negative stereotypes, the author predicts that the success of workers with disabilities will depend greatly upon improved employer attitudes. While this statement is not incorrect, I believe that we also need to acknowledge the role and the attitude of the person with a disability in this process. Persons with disabilities cannot expect a "free ride" simply because they have a limitation. Similarly, they cannot continually blame others for their own self-imposed barriers to employment. For example, I worked with a client who was encountering difficulty in obtaining employment despite a fairly good work history and educational background. He angrily maintained "No one will hire a person in a wheelchair!" What in fact was happening was that it was this person's attitude and anger, not the wheelchair, which was causing employers to be reluctant to hire him. Clearly, the rehabilitation counselor must assist the individual with a disability in becoming as marketable as possible, in terms of interpersonal skills, job seeking skills, job retention skills, as well as the technical skills to successfully perform the job for which they are applying.

I believe the area of cost-effective disability management is one in which we will see great strides in the 1990s. This shift will have significant implications for both the training of personnel as well as for the service delivery system.

Rehabilitation counselors must ensure they are providing high quality services by continually updating their knowledge and abilities in the areas of worker's compensation, expert witness testimony and job modification techniques, to name a few. Professional associations such as the National Rehabilitation Counseling Association must constantly recognize the needs of its membership for relevant training and support, and so provide the same. The skills and knowledge of rehabilitation

counselors are uniquely suited for disability management, and I see this area as one where qualified rehabilitation counselors can play a vital role in the upcoming decade.

—Patricia Nunez

Primary implications of this paper are for the areas: 1) training of rehabilitation personnel, more specifically rehabilitation counselor training (both pre-service and continuing education programs); and 2) program/policy development in rehabilitation training.

The role of the vocational rehabilitation counselor varies as determined by types of work settings (private, public, private-for-profit and private non-profit) and geographical locations of work settings (urban/rural). Indeed, variations may also exist from one vocational rehabilitation state agency to another. Yet, emerging issues in rehabilitation as addressed in this paper, transcend types of work settings and are reflective of skills and knowledge necessary for rehabilitation counselors, with the degree of application perhaps determined by the work setting.

Rehabilitation education must continue to develop competencies for rehabilitation counselors. Yet, it is evident that a clear delineation must be made between those competencies that can be addressed by pre-service programs and those than can be developed in post-employment continuing education programs.

Implications are also for the continuing challenge to define a "qualified" vocational rehabilitation counselor.

The assertion that job placement, caseload management and orientation to the business world are notably absent or do not receive high priority in counselor training programs is an issue that the field of rehabilitation can ill-afford and one that must be addressed.

Emerging issues in the 1990s that will impact upon the work of rehabilitation counselors suggest the following implications for training focus to be *included* in both post-service training and pre-service rehabilitation counseling training programs that are not specifically geared to rehabilitation in business and industry.

Pre-service

- Orientation to the business world;
- Sensitivity and cultural awareness; and
- Leadership development.

Post-service

- Viewing one's public or nonprofit work setting as a business;
- Sensitivity and cultural awareness; and
- Recognizing the employer as a customer of agency program services.

Issues not addressed: Personnel shortages in the field of rehabilitation (#1 shortage is of rehabilitation counselors); promoting careers in rehabilitation.

Issues needing further discussion: Chemical dependency issues in rehabilitation.

—Ruth Royall-Hill

This paper presents a good overview of the rehabilitation field, both where it is now and areas which will need to be considered in the decade. I noted with interest the observation that the profession has yet to determine the client. Later on in the paper the professional identity of rehabilitation counselors was discussed: are they case managers or are they concerned with cost containment. This certainly has implications for the direction the profession takes, and the role of the practitioners in the rehabilitation process.

The need of the rehabilitation counselors to learn, understand, and appreciate the view of business in this process is essential, and Dr. Benshoff is to be commended for his observation. Business has labor needs, and persons with disabilities will have the best opportunity to enter/reenter the workforce if they recognize that perspective. Preparing an individual for employment should include an orientation to the needs of business as well as the needs of the individual.

—Thomas Rush

Rehabilitation practitioners will be playing many different roles in the '90s. A role will be to assist individuals and company's managed terminally ill patients. The goal is obviously not vocational. The end is to participate in coordinating services in such a way that the client will receive those services needed to make him/her most comfortable at the least cost. This is a new role for counselors. As the past chairman of the NARPPS AIDS Task Force, I observed that practitioners meet this challenge with reluctance.

A person trained as a rehabilitation counselor employed by a company in business to do other than insurance and rehabilitation is an employee of that company. They are what their title says they are, and the range of their responsibility is determined by their job description and their supervisor's understanding of their role. The degree to which channels can be developed on behalf of a given recovering worker has much to do with the extent to which the practitioner understands the culture of the company and his/her capacity to develop informal channels of communication which do not threaten the jurisdiction of other employees.

There is a tendency in the business community to contract for a workforce. For example, all of the clerical functions performed by a company might be performed by personnel located in the firm but reporting to an outside company. As this concept gains gravity, the ability to work with job coaches and to participate in supported work programs might become commonplace. Services provided to clients in a supported work program are an extension of the concerns of Human Resource Managers.

It is necessary that the rehabilitation practitioner maintain his/her identity as a specialist in managing disability. Failure of our profession to be flexible and to meet new challenges, however, would result in personnel from other disciplines gradually assuming our role.

—Paul L. Scher

I can particularly appreciate Dr. Benshoff's observations about differences between public and private sector rehabilitation. My service as a professional rehabilitation counselor has been about equally divided, with my earliest years in the public sector, and my most recent seven plus years in the private sec-

tor. I would add my observation of another significant difference between the sectors.

I observe that there is an even greater emphasis in the private sector on cost-effectiveness. This is both in terms of initiation and successful completion of rehabilitation services, and direct monies spent for acquisition of those services.

Specific to workers' compensation systems, states vary as to whether rehabilitation services are "mandatory" or not. In "mandatory" systems, the costs of rehabilitation are carefully scrutinized. There have been accusations and attacks on the rehabilitation system about the ineffectiveness of service delivery, lack of professional credentials and competency controls, inappropriate goal and plan identification, and other perceived problems. In "non-mandatory" systems, the rehabilitation practitioner's need to justify cost-effectiveness is even more demanding.

Unfortunately, when issues of money arise, an "adversarial" attitude too often emerges, with the injured worker being the one who loses. I maintain that the responsible rehabilitation professional is able to and must continue to focus upon the needs of the person with a disability, while negotiating within the complexities of the insurance and legal systems. It is possible to facilitate an outcome which is beneficial to the injured worker, the insurer, and the employer. Despite the factors of profit motive and competition, the professional rehabilitation practitioner must heed professional identity and ethics and be willing and able to present the professional critical concerns and obligations to practitioners of other disciplines, as well as to the public at large. This requires a keen sensitivity of the impact that our attitudes and practices have on our self-identity and on the image we project and the perception of those outside our profession.

While there are some significant differences among rehabilitation in the public, the private, and the private non-profit sectors, there are greater similarities than there are differences in the practice of the profession of rehabilitation counseling. These similarities of shared ideals and competencies are the basis of our professional identity and require that we support each other, emphasizing cohesion rather than factionalism. In this way may we continue to deal effectively with the emerging and changing issues into the 1990s and best offer assistance to the people with disabilities who we serve.

—Karen M. Siders

Benshoff clearly sets forth the challenges facing rehabilitation professionals in the 1990s— changing work, an older and ethnically diverse work force, and "new" disabilities like TBI, AIDS, and chemical dependency. Others like psychiatric disability, carpal tunnel syndrome, and post-traumatic stress disorder can be added to the list.

Benshoff aptly points out that new knowledge and skills will be required to meet these changing needs. Such knowledge and skills can be acquired through formal education, as well as through exchange of resources, to assist those currently on the job.

Calls for curriculum change have variously suggested the inclusion of clinical studies, job placement, case management, and serving new ethnic and disability groups, along with business courses in management and marketing. In response, several graduate programs in rehabilitation have initiated new curricula to enable their graduates to more effectively work in and with the private sector. These innovative curricula often include practica and internship opportunities in the business setting, with assignments that have varied in scope, as well as in quality of supervision. Graduate follow up is in order to determine the impact of curriculum on service delivery. In light of findings, accreditation agencies may need to re-examine curriculum requirements.

In addition, RSA regulations that mandate that recipients of federal training stipends work in public or publicly supported non-profit facilities after graduation should be examined to determine if they: 1) deter promising students from entering rehabilitation as a field of study and career; and/or 2) limit vocational choices. Consideration might be given to waiving some of the employment requirements in that regardless of the setting in which rehabilitation professionals may be employed they will be using their knowledge and skills to further the employment and retention of persons with disabilities. Regardless of the outcome, however, business should be encouraged to support rehabilitation education programs. By doing so they will be investing in future employees and in professionals who will be serving their current and future work forces.

Rehabilitation professionals who have completed their educations and are now on the job should be encouraged to keep current through mutually beneficial exchanges of information with local companies, labor unions, and others in the community. For example, while many companies have initiated programs on workforce diversity and labor unions have promoted the employment of women in non-traditional jobs, rehabilitation professionals may not have been exposed to these programs which foster a pluralistic workforce.

It goes without saying that rehabilitation professionals must also be current on new jobs and job requirements. While many rehabilitation facilities have moved into the age of technology, to give persons with disabilities an employment advantage, they must be trained at the cutting edge. In addition to new technology used on the job, many high and low tech devices are available to assist persons with disabilities, but may be unknown to them. Local technology centers would help to meet this need.

In addition to being well-informed, rehabilitation practitioners and administrators must be encouraged to be creative. Just as supported employment grew from an innovative idea to a successful model, rehabilitation professionals in partnership with others must be encouraged to explore new models to more effectively serve persons with disabilities.

—Lana Smart

This paper is remarkably forward-looking; the author should be commended for not just reciting facts, but making new recommendations for changes for rehabilitation counselors. The paper also demonstrates a comprehensive understanding of a wide range of issues.

In the discussion about chemical dependency and the impact on people with disabilities, I would also add other implications. The increasing incidence of substance abuse in the workforce, and the

notoriously poor experience that many employers have had in rehabilitating substance abusers has led employers to limit the reimbursement rate for substance abuse treatment programs. Unfortunately, this trend has also expanded into severe restrictions for any mental health treatment. This is very harmful for people who develop significant mental disabilities as they may reach their lifetime benefits cap in a single year. Out of frustration at vague diagnoses and ineffective treatment, many employers have cut their maximum lifetime mental health benefits to $50,000 or even as low as $10,000.

The frustration that employers experience with ineffective substance abuse treatment programs may also create a backlash against employees with other disabilities. All employers should and most do make accommodations for substance abusers who are becoming rehabilitated. However, they may be reluctant to make accommodations for people with other disabilities for fear that the precedent will be used for other people who do not stop their substance abuse despite numerous rounds of treatment. These employees then pose a threat to themselves and others. One large company has told us that they have never found a substance abuse program that worked. It is vitally important, then, to create and fund rehabilitation programs that truly work.

The importance of giving rehabilitation counselors education and experience about the business world cannot be overstated. It would be a great help if all new counselors understood business' concerns and methods of operation. Contrary to the statement in the paper, the rehabilitation specialist must consider his/her client to be the business as well as the person with a disability in order to best serve the person with a disability. Considering the business as a client allows the specialist to find the best match for the employer and employee, which in turn helps guarantee a placement that works over the long-term. Advising the employee without considering what the employer wants or can do is to cut out a vital third of the rehabilitation triad.

Giving students internships in businesses would be an ideal way both to encourage businesses to retain employees who become disabled and to help new counselors learn this crucial aspect of their work.

I was very glad to see disability management mentioned in the paper as many advocacy groups have not yet realized the degree to which disability management can and does affect the experiences of employees who become disabled. It is important to note that disability management applies equally to job-related and non-job-related disabilities. It can be defined as policies, procedures and practices that seek to prevent or minimize the impact of disability on the employer and employee. Disability management professionals (including case managers) can have a huge influence on disabled employees' eligibility for therapeutic services, personal assistance, and vocational services. Yet disability management is not as "sexy" as other aspects of the disability movement. The decisions are made by insurance companies and employee benefit staff—not the groups traditionally familiar to the disability constituency. So this process is not well known. But its importance for and influence on disabled employees' abilities to work and live independently warrants more recognition.

—Sara D. Watson

Special Invited Paper

Window of Opportunity: Disabled Hispanics in the Labor Force

Antonio Suazo

Organized labor has a long history of involvement with disability issues in this country. The most recent is the endorsement of ADA by the AFL-CIO. We see in the passage of this bill, the establishment of a level playing field for all Americans, including persons with disabilities.

As a Hispanic, I have had an interesting and exciting odyssey in the field of rehabilitation, having worked at both the local and national level and I have also experienced discrimination in its many forms.

We hear a lot nowadays about Hispanics. The implication is that they are of fairly recent origin, but in fact, Hispanics have been in this country long before the Pilgrims landed at Plymouth Rock. St. Augustine, Florida, and Santa Fe, New Mexico— two of the oldest settlements in this country— were settled by Hispanics.

The other day I was going over some family archives and I noted that my ancestors came with Coronado and settled in northern New Mexico in 1522 and that my grandfather served as a sergeant in the Union Army that fought in the Civil War. Some day we may have another movie entitled, "Gloria" portraying the role of Hispanics in the Civil War.

It is true, however, that the recent surge of Hispanics is due to migration, which accounts for over 50% of this country's Hispanic population.

But, first let me define the nature of the labor force of the future. I am not a futurist but do know they seem to agree that the world of work is going to be far different by the next century from what it is today.

In any discussion of employment of minorities with disabilities, we have to be concerned with the changes taking place in the labor market. It is in this changing labor market that people with disabilities will have to compete. Department of Labor studies report that the workforce will grow slowly, becoming older, more female, and more disadvantaged.

Only 15 percent of new entrants to the labor force over the next 13 years will be native born, white males compared with 47 percent in that category today.

We are also told that during the last years of the twentieth century, immigrants will make up a larger share of the workforce, and any new jobs will demand a more highly skilled and highly educated workforce. Those who lack basic skills and opportunities for educational upgrading will have fewer places to look for work.

The age of the labor force is also shifting, with younger and older workers comprising a smaller share of the labor force. More women than men will be entering the labor force.

Minority workers will comprise one-fourth of the labor force by the year 2000. Most job growth will be in services and the retail trades, with the biggest increase occurring in the service industries, particularly health and business services— not just jobs flipping hamburgers.

Among the multitude of critically important workplace issues are:

- Strong foreign competition
- Rapid changes in technology
- Inadequate education and job training system
- Rising health care costs, which are one of the most hotly contested issues in labor negotiations today.

Alternatives such as, co-payment plans, and cheaper and less flexible plans are being advanced. The strikes at AT&T, the Regional Bell operating companies, and Pittston Coal all revolved around some aspect of runaway health care costs.

Recently, I attended a forum on "older workers" on Capitol Hill and was impressed with reports that we are entering a period of labor shortages at all levels. The years of picky hiring are over, and vicious competition for all sorts of workers from entry-level to highly skilled— has begun. The supply of new and older workers will dwindle in a time of rising demand for both. Many say that older workers need not retire early to create job opportunities for the young. There will be a demand for both. Yet in a recent survey most respondents felt that people over 65 should retire. Early retirement has been the trend both in Europe and in this country encouraged by both public policy and economic factors. There is, however, a dichotomy between the labor

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market trend towards early retirement and the anticipated labor shortages of the twenty-first century. The conventional wisdom based on demographic data in this country now is that people should not have to retire because of age but should have the options of continuing working if they want to.

These new developments and emerging market trends obviously will have a direct impact on minorities with disabilities. There is an old saying that "A rising tide raises all boats." This applies to all minorities. *For Hispanics*, the coming period will provide a "golden window of opportunity":

- *Minorities* will make up about one-fourth of the labor force in the year 2000.
- Hispanics' participation in the labor force will rise from 4% in 1976 to 10% by the year 2000— for a 6% increase.

This represents one of the largest increases by any group and will result in 6 million more Hispanics entering the labor force. By the year 2000, there will be a total of 14 million Hispanics in the labor force. What, then, are the implications of the changing labor market for persons with disabilities who come into the labor force with a Hispanic heritage?

I will not detail the demographics on Hispanics for you because I know you are all familiar with the statistics. But, let me briefly share a few figures with you.

- Since 1980, the Hispanic population has grown by *39* percent.
- The native Hispanic population is now *20.1* million or *8.2* percent of the total U.S. population. In the greater Washington-Baltimore area, there are currently over 350,000 Hispanics.
- Demographic projections show that Hispanics will become the largest minority by the year 2025.
- The 12.6 million Americans of Mexican origin are the largest Hispanic subgroup.
- Over half (*53.2* percent) of Hispanic women are currently in the labor force. This proportion is projected to grow to *57* percent by the year 2000, when *5.8* million women of Hispanic origin are expected to be in the labor force, bringing with them the problems of child care and elder care. Hispanic women are ethnically the fastest growing group of *workers* in the labor force, according to Bernice Friedlander, an official of the Women's Bureau at the Department of Labor.
- This dramatic growth of Hispanics, of course, translates into economic and political empowerment. Among the highly visible signs of the growing Hispanic impact in this country are two Hispanic cabinet members with Secretary of Interior Manuel Lujan and Secretary of Education Lauro Cavazos, a first in the history of this country.
- Appointment of Dr. Antonia Navellos as Chief Medical Officer in U.S.
- The growing impact of the *Hispanic Legislative Caucus*.
- The formulation of the Hispanic Chamber of Commerce and the growth of the Hispanic market. Hispanic affluence is also on the rise. Some *half a million Hispanic* households qualified as *affluent* in 1986, a 7% increase over 1980.

Yet, in some ways, trends in the Hispanic community seem to be in direct contrast to those in the rest of the country — a contradiction, if you please.

- Hispanics are one of the fastest growing segments of the country, yet they have a smaller share of jobs, less education, and less skill training.
- As the U.S. population grows older, Hispanics as a group remain comparatively young. At present the average age is 22 for Hispanics and 30 for non-Hispanics.
- As the overall birth rate declines and the baby boomers reach middle age, Hispanics are maintaining a higher birth rate than any other group. At this rate, there will be a generation of "Hispanic baby boomers" in the years ahead.
- As suburbs grow, Hispanics tend to congregate in urban areas.

But, Hispanics share the problems of other minorities. Disproportionate numbers that are below the poverty line, as well as lower educational achievement and a high percentage of school dropouts. As for the disabled Hispanics, they are in a state of "double jeopardy"— discriminated against because they are Hispanics and because they are disabled.

A recent study released by Education Secretary Lauro F. Cavazos reported the nation's dropout rate declined in the last decade. The disturbing fact was that, while dropout rates improved for both black and white students, they remained the same for Hispanics. One recent theory is that this may be the result of a breakdown in family discipline rather than difficulties with language. Secretary Cavazos said, "For our Hispanic population, this is a national tragedy." In 1988, one-third of young adult Hispanics were not high school graduates.

In terms of employment of Hispanics in the federal government, Evan Kemp, the Chairman of the Equal Employment Commission said, *"The under-representation of Hispanics working in the federal government is a disgrace." One of his goals is to boost the number of Hispanics working for the federal government.* Hispanics made up 7.2 percent of the national workforce in 1988 but only constitute 5.2 percent of the federal workforce. Similarly, the National Commission for Employment Policy's recent report based on a 12-month study found that the Job Training Partnership Act (JTPA) needs some "fine tuning" to meet the needs of the Hispanic population. The report concluded that Hispanics continue to be the only minority group that shows *manifest imbalance* in the Federal work force. It recommended that elected officials make every effort to hire Hispanics especially for policy-making positions when they are in a position to advocate and promote Hispanic involvement in JTPA. As someone said recently, "You would hope that if anyone is going to hire a workforce that is representative of our nation's ethnic make-up, it would be the federal government."

However, the projected labor shortage in this country offers a "golden window of opportunity" for Hispanics. There is no one solution — no silver bullet to solve the problem of minorities with disabilities. The problem needs to be attacked on many fronts, and there are some encouraging signs:

- We are redefining the structure of work in this country.
- The physical demands of jobs are decreasing — over half of current jobs are automated, enabling the more severely disabled to compete.
- Emphasis and growth is on service occupations. Traditionally, this area of work offers good opportunities for people with disabilities.
- Many jobs are less arduous; we now have electronic mail, fax machines, and word processors.
- Work is less dependent on geographic locations. Work at home or close to home is much more feasible than it was a few years ago.

- Checkout scanners that trigger automatic orders for restocking, applying the business principle, will enable persons with disabilities to perform at a competitive level.
- Computer technology has opened up the employment market to persons with disabilities. Talking computers, that respond to voice command, software that displays extra large type, and telecommunications devices have made the world more accessible to persons with disabilities. Information process is putting fax machines in cars and moving the workplace anywhere within reach of a telephone.
- Someone said (I believe it was Peter Drucker) that the best way to predict the future is to create it. And, that is the challenge we all face. The future workforce will include a proportionate share of minorities in the workforce *if we can "make it happen."* From 1988 to the year 2000, nearly 43 million will enter the labor force, with 23 million replacing workers who retire or leave the labor force. To make it happen, we need to:
- Ensure that minorities with disabilities are as well prepared as anyone in order to compete and assist them to develop high level skills and portable credentials to take with them when they change jobs. "Employers will hire competence wherever they find it."
- Start preparing minorities to compete in job growth areas. Business, health services and the retail trades will account for 9 million more jobs by the turn of the century.
- For Hispanics, we need effective outreach programs to train bilingual, bicultural professionals in sufficient numbers to make an impact. And we need to consider the cultural factors impacting on Hispanics and the barriers they pose to employment. *Documentation* for eligibility for public programs hinders participation. A *strong work ethic* drives many to accept low-paying jobs rather than remain unemployed leading to exploitation. *Strong family ties* while providing group support can also cause absenteeism from work in times of family problems.
- We need to accelerate the development of a national employment policy for minority persons who are disabled. There is clearly a need for public policy to address this issue.
- The working environment also needs to change. When you expect persons with disabilities to do all the adapting you sap them of their energy that could otherwise go into their work.
- The disability community needs to develop successful strategies to respond to the changing realities of the world of work.

It is generally agreed that a person's attitude towards their job is an important factor in determining success or failure. To be successful, Hispanics with disabilities along with other minorities, can emulate the efforts of others who have faced similar problems and have succeeded in their quest for equal opportunity.

I would like to conclude by quoting from a national publication that did a story on Ray Charles, the brilliant black pianist and performer. When they asked him to what he owed his success, he replied, "I think you can overcome any obstacle in this country. It may be a little harder for you than someone else. Like, when Jackie Robinson got into baseball. He couldn't just be an average second baseman, because there were plenty of them around. He had to be better than what was already there. so, sometimes you have to be a little bit better, but that's all right too."

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Special Invited Paper

Projects with Industry: The Concept and the Program

Sandy A. DeSantis

Introduction

The Projects With Industry (PWI) program was established by the 1968 Amendments to the Rehabilitation Act. This legislation brought about a new dimension to the State-Federal vocational rehabilitation program by involving private industry in the rehabilitation process. In this partnership, each member has a specialized role. These roles are based on the early realization that the private partners control competitive jobs which allow them to determine what training is needed. In tandem, these rehabilitation groups know the capabilities of people with disabilities and have the means of delivering necessary services. The concept of an advisory council, another early development, was conceived as the medium to bring these forces together in a unified effort to expand job opportunities. By design, the advisory council assigned representatives from business, industry and organized labor to the primary decision-making role complemented by the resources of rehabilitation organizations.

A PWI is composed of three essential elements: a linkage to the private sector, a training site, and a source of people with disabilities. The advisory council represents the linkage to business, industry and labor. The training site is generally a rehabilitation facility. The State Vocational Rehabilitation agency refers individuals with disabilities for services. A natural outgrowth of this process is a strong and effective placement system that emanates from the advisory council which identifies jobs that will be available in their industries and the training necessary to fill these jobs.

In recent years, PWI projects have established working relationships with over 5,000 business corporations, unions, associations and other entities for the placement of people with disabilities. Over 125,000 PWI participants have been placed in employment since the beginning of the program resulting in $1.25 billion in earnings and the payment of $225 million in taxes. This reflects a progressive increase in funding of the program since its establishment and a continuing rise in the number of participants served and placed in employment (see "Program Data").

SANDY A. DE SANTIS is Executive Director, Mahoning County Alcohol & Drug Addiction Services, Youngstown, Ohio. He wrote "Projects with Industry: The Concept and the Program" while serving as National Coordinator for Projects With Industry (PWI), Rehabilitation Services Administation (RSA). The paper was edited by John Eger of RSA. Contributions to the paper were made by members of the RSA staff and PWI professionals from around the nation.

Legislative Perspective

Amendments of 1986 provide statutory language on the purpose of the PWI program— to promote opportunities for competitive employment of individuals with handicaps, to provide appropriate placement resources, to engage the talent and leadership of private industry as partners in the rehabilitation process, to create practical settings for job readiness and training programs, and to secure the participation of private industry in identifying and providing job opportunities and the necessary skills and training to qualify people with handicaps for competitive employment.

In addition to the 1986 Amendments, there were a number of other amendments which particularly expanded and clarified the PWI program since its establishment in 1968, namely the Amendments of 1973, 1978, and 1984. The Amendments of 1978 contain provisions that:

- emphasized the partnership between business and rehabilitation requiring agreements between employers and rehabilitation organizations;
- required projects to provide certain services or protection to disabled individuals which included: a) training for employment in realistic work setting; b) supportive services to help maintain jobs; c) modification of jobs; d) protection against job termination without reasonable cause; e) applicable minimum wage; and
- required PWI recipients to use other resources to cover a minimum of 20 percent of project costs.

Further development and program changes occurred under the 1984 amendments. These changes included:

- A requirement to develop a set of evaluation or program standards and to conduct a comprehensive evaluation of the program.
- A provision to make state vocational rehabilitation (S/VRs) eligible to receive PWI funding. Prior to this, it had been

determined that the S/VRs were not eligible applicants under the PWI program.

- A requirement that RSA was to continue funding all their current PWI projects through September 30, 1986.

The 1986 Amendments to the Rehabilitation Act are having a greater impact on the growth and development of the program than any of the prior amendments.

Through the years, the PWI program evolved from a small three project program to a multi-million dollar 100-plus project program. This growth can be substantially attributed to the interest and support Congress has given the program.

Program Data

Although the PWI program authorization was enacted in 1968, it was not until 1970 that funding was provided. The $900,000 appropriation was used to fund three projects. In 1971, funding increased to $2,000,000, but was reduced to $1,000,000 in 1972 and remained at that level through 1976. During this period, the number of funded projects expanded to 32. For fiscal years 1977 through 1982, the program experienced steady increases. In fiscal year 1983, funding of the program was almost doubled to $13,000,000 following a $5,000,000 supplemental appropriation provided through the Jobs Bill which was enacted as (Public Law 98-8). For the first time in the history of the program, a grant competition was held. Previously, all projects were awarded through cooperative arrangements/agreements. Thirty-six new PWI projects were added, raising the total number of projects to 98.

In fiscal year 1987, funding increased to $16,070,000 and 12 new projects were added. This brought the total number of projects to 108, with the termination of two previously funded projects.

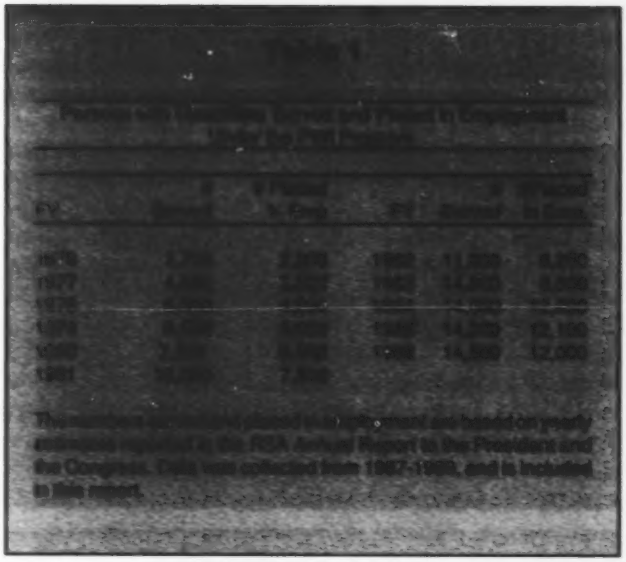
For fiscal years 1988, 1989, and 1990, appropriations increased to $17,000,000, $17,350,000 and $18,765,000, respectively.

In 1988, seven new projects were funded bringing the total number of PWI projects to 115. Later one project was terminated. It is anticipated that approximately 12 new projects will be funded in 1990. Since 1983, all existing PWI programs have received basically the same level of funding, as almost all funds were used to expand the program into unserved and underserved geographic areas of the country.

A progressively significant increase in the number of PWI participants served and placed in employment has occurred, as shown in Table 1, for the 11-year period from FY 1976 to FY 1986.

Evaluation Standards

The 1984 Amendments to the Rehabilitation Act required publication by February 1, 1985 of evaluation standards to assist PWI grantees review and evaluate the operation of their projects. Evaluation standards were developed under contract with Policy Studies Associates, Inc. (PSA). Their final report provided an overview of the PWI program, characteristics of participants, PWI project services and capacity building patterns, changes in employment and earnings, and analysis of PWI project management. One of the major findings of the study is that nearly 5,000 business persons and rehabilitation professionals donate time to PWI by serving on project advisory committees.



Compliance Indicators

In response to Section 621 of the Rehabilitation Act of 1973, as amended, a contract was awarded by RSA in September 1987 to develop indicators of what constitutes minimum compliance consistent with Projects With Industry (PWI) program evaluation standards. The indicators were published in final form in the *Federal Register* on August 31, 1989. The Compliance Indicators measure the following nine performance levels:

- Persons with severe disabilities served;
- Unemployed served (six months);
- Cost per placement;
- Projected cost per placement;
- Placement rate;
- Projected placement rate;
- Change in earnings;
- Percent placed who have severe disabilities;
- Percent unemployed placed (six months).

In accordance with Section 621 of the Rehabilitation Act, as amended, current grantees are required to attain a minimum composite score of 70 points on the compliance indicators for the period October 1, 1988 to September 30, 1989 and meet other application requirements to receive continuation funding in FY 1990. Those current grantees who desire to be funded as new projects in fiscal year 1991 competition must attain a minimum composite score of 70 points for the period 10/1/89 to 9/30/90.

To meet the minimum standards for the two indicators that relate to persons served and placed with severe disabilities, at least 50 percent of those placed and served must be severely disabled. To attain the maximum score for these indicators, at least 50 percent of the persons served and placed must be severely disabled. Other indicators of severity of disability are those relating to the length of time clients are unemployed prior to entrance into the PWI program.

Table 2 summarizes information reported by PWI grantees for the periods 10/1/86 through 9/30/89 which demonstrates the effectiveness of this program in serving and placing individuals with severe disabilities.

Table 2

	86-87	87-88	88-89	3 year composite
# of projects in sample	(98)	(71)	(36)	
Persons served	20,678	23,034	9,810	53,522
Persons with severe disabilities served	15,313	16,758	6,942	39,013
Persons placed	13,550	10,857	6,200	30,607
Persons placed with severe disabilities	8,543	7,182	4,633	20,358
Percent served with severe disabilities	73%	73%	72%	73%
Percent placed with severe disabilities	63%	66%	75%	67%

On-Site Compliance Review Visits

In accordance with the 1986 Amendments to the Rehabilitation Act, RSA shall conduct on-site compliance reviews on at least one-third of the PWI projects funded in fiscal year 1987. Projects will be selected for review on a random basis. These on-site reviews shall be completed by the end of fiscal year 1991. Since RSA funded 108 PWI projects in fiscal 1987, 36 on-site reviews must be completed by September 30, 1991. The 1986 Amendments further require that the newly developed indicators of the program evaluation standards shall be used in determining compliance.

The mandated reviews commenced in July 1989, six visits were completed in 1989 and three have been conducted to date in 1990. The remaining 27 on-site visits will continue through FY 1991. Additionally, at least fifteen percent of the grantees funded annually in subsequent years will receive on-site compliance review visits.

Fiscal Year 1991 Plans

In FY 1991, approximately 100-115 new grant awards will be made on a competitive basis. All current grantees and others must compete for the $17,350,000 available for new projects. Only 12 projects initiated in 1990 will be continued in 1991. Past performance of current grantees will be considered. This past performance will include the Compliance Indicators which will show the emphasis of serving/placing persons with severe disabilities.

The proposed priorities for fiscal year 1991 generally cover the full range of projects currently funded by the program and are considered to be the areas of greatest need. Training to be provided under four of the seven priorities for FY 1991 must be responsive to current labor market needs and employment trends and lead to job placement in high demand occupations at a variety of work sites. Another priority proposes to provide training to individuals with handicaps exclusively at job sites where individuals are to be subsequently employed. The other two priorities address specific needs of youths as they leave the educational system and older disabled workers. While not specifically stated, it is anticipated that projects funded under these latter two priorities will also be responsive to labor market needs and employment trends and substantially involve private industry in the projects.

The common thread which assures private industry participation in all PWI projects is the Business Advisory Councils (BAC) required by the Rehabilitation Act. The BACs are comprised of representatives of private industry, business concerns, and organized labor who identify job availability within the community and the skills necessary to fill jobs identified, and prescribe training and programs tailored to their needs. This partnership provides a direct linkage to current job openings for PWI projects and employers receive technical assistance from PWI's pertaining to employment practices, reasonable accommodation and laws regarding the employment of people with disabilities. With the passage of the Americans with Disabilities Act the PWI program will certainly play a much more vital technical assistance function with their business, industry, and labor partners.

Furthermore, the success of the PWI concept, involving the private sector has proven effective in other arenas also. The job training program administered by the Department of Labor where Private Industry Council is a direct adaptation of the PWI Advisory Council concept. Most recently, PWI has gained international attention in Canada, Brazil, Africa, Hungary, and the Pacific Basin. PWI model programs are being developed in Canada and Saipan, the feasibility of developing this model is currently being investigated in Kenya, Africa, and the training of Brazilian rehabilitation practitioners in the rudiments of the PWI program has been initiated.

Special Invited Paper

Improving Employment Opportunities for Persons with Disabilities: A Thumbnail Sketch of Corporate Initiatives

Lana Smart

Throughout our nation's history, people with disabilities have made important contributions. The achievements of individuals like Franklin D. Roosevelt, John F. Kennedy, Albert Einstein, Stevie Wonder, and Cher are well known. Less well recognized, but equally significant, are the contributions many people with disabilities have made to America's workforce, particularly in the last two decades.

Whether mandated by social responsibility, the need to comply with affirmative action legislation, or the recognition that employing people with disabilities is a sound business decision, employers are looking to people with disabilities to fulfill current manpower needs. Advances in technology often make it possible for these new employees to perform jobs not thought possible a short time ago. The Americans with Disabilities Act will serve to further extend these employment opportunities.

Yet, there is continued concern about the productivity of workers with disabilities, costs of accommodation and insurance, as well as certain discomfort and lack of knowledge about employing people with disabilities. America's leading corporations are responding in a wide variety of ways. Over 140 corporations and labor unions are demonstrating their commitment to employing persons with disabilities through membership in the Industry-Labor Council, a national, non-profit membership organization committed to furthering the employment, retention, and advancement of individuals with disabilities. Consulting with specialists and sharing information with each other to make this possible, it is estimated that ILC companies employ over 400,000 people with disabilities nationwide. Still more companies are working with other national and local organizations in developing comprehensive programs to employ and retain people with disabilities. Following is a thumbnail sketch of some of the more innovative aspects of these comprehensive programs.

LANA SMART is the Manager of the Industry-Labor Council on Employment and Disability at the Human Resources Center in Albertson, New York.

To communicate their commitment to employing persons with disabilities, companies like DuPont, Eastman Kodak, and IBM have developed printed materials which also serve as resources for their personnel representatives and managers and highlight the accomplishments of their employees with disabilities. The DuPont Company is well known for the data it has collected over the past 30 years. Their surveys document that the performance of their employees with disabilities is essentially equivalent to that of their non-impaired co-workers on such measures as performance, turnover, and absenteeism.

National Medical Enterprises, Inc. has developed *Overcoming Challenges: A Guide to Selective Job Placement of Workers with Disabilities* and a companion resource directory for its managers. Providing practical suggestions and concrete information on how to implement the company's philosophy of hiring and retaining workers with disabilities, it addresses recruiting and accommodating persons with disabilities, as well as strategies for meeting specific informational needs.

Corporate awareness and educational programs have utilized a variety of formats. The Warner-Lambert Company has organized a month-long recognition of the capabilities of people with disabilities, including performances and presentations by such well-known individuals as violinist Itzhak Perlman, disabled by polio, and former President Reagan's Press Secretary, James Brady, who sustained a traumatic head injury as a result of a gunshot wound during the attempted assassination of the President.

The Ford Motor Company has invited noted psychologist, humorist, and handicapped spokesperson, Dr. Leonard Sawich to address their staff and has made a video of his most informative and entertaining presentation, entitled *A Context for Understanding*. Hewlett-Packard and New England Telephone have made educational videos, as well, highlighting the accomplishments of their employees with disabilities.

Organizations like Mobil and Grumman have held meetings for their EEO staff at the Human Resources Center, a nationally recognized vocational rehabilitation facility that provides as-

sessment, skills training, and job placement assistance. These meetings provide an opportunity to see how people with disabilities are being prepared for jobs once not thought possible.

IBM has developed an awareness and training module, "Enabling the Disabled", for use with both managers and employees. Other companies are using commercially available training packages like "Windmills" and "Breakthrough". To assist business in meeting its current staff training needs, the Industry-Labor Council on Employment and Disability, with the financial and staff support of the American Express Company, and active involvement of training, recruitment, and EEO professionals at Citibank, Metropolitan Life, Asea Brown Boveri, Inc., and Hazeltine, is completing a modular training package entitled "Giving Us the Tools," addressing such issues as recruiting, interviewing, testing, accommodating, and integrating persons with disabilities into the work team.

In spite of the recognition that employing persons with disabilities is a sound business decision, recruitment is an area where much remains to be done. Innovative companies know that there are many avenues that can be taken to achieve both short and long term results. This may range from advertising in publications specifically targeted to persons with disabilities, like *Careers and the Handicapped*, to developing close working relationships with one or more agencies, special programs, and/or colleges and universities serving students with disabilities.

General Motors in Detroit is participating in a high school partnership program, CLADS (Comprehensive Leadership and Development Series), that enables students who are physically disabled, health impaired, vision, hearing, learning or mentally disabled to take part in a two-year program of career planning and awareness and leadership development, culminating in a summer internship commensurate with the student's interests and abilities. The Port Authority of New York and New Jersey is working with Project Future, a partnership program with special education high school students in New York City schools.

Internships and summer jobs provide excellent opportunities for evaluating the capabilities of potential employees under non-threatening circumstances, free from the fear that an individual may have to be dismissed if performance problems occur or the employee does not reach expected standards. At the same time, they provide an opportunity for disabled individuals to explore possible career options.

To facilitate the recruitment of entry-level professionals with disabilities, companies like Citibank have entered into summer work programs with the National Technical Institute for the Deaf in Rochester, NY. At Citibank, supervisors submit requirements to the Human Resources Department which compiles needs, being specific about job requirements, and (often with supervisors) visits the campus to work with the staff of NTID in recruiting appropriate students. Prior to the student's coming on board, supervisors undergo one-half day of training to (a) gain background on deafness, and (b) learn how to more effectively work with hearing impaired employees. Students have been working in such fields as data processing, word processing, accounting, industrial drafting, and computer assisted design and have benefitted in many ways, including access to the most advanced technology. The bank reports that they have gained skilled people who work hard, substitute workers for people on vacation, and the ability to attract good long-term talent.

Supported employment is a relatively new initiative that enables people with disabilities to be integrated into the work environment with the assistance of a job coach. Perhaps the best known examples are McDonald's McJobs Program and Kentucky Fried Chicken's Project Pride. But supported employment is not just fast food. The International Association of Machinists and The Boeing Company are cooperating in a supported employment initiative where people with severe disabilities are working in both union and non-union represented areas including wire shop and printing operations. In the various settings where supported employment is being utilized, people with developmental disabilities, head trauma, learning disabilities and psychiatric disabilities are benefitting, and people once thought unemployable are now holding positions of responsibility.

To encourage the employment of persons with disabilities, a number of corporations, as well as Department of Defense agencies, have developed programs which permit placement without an addition to headcount. For example, at Grumman Corporation, if a department has an applicant with a disability who is not fully qualified and requires on-the-job training, the department can receive a billet for a set period of time up to one year. During that time, the department is not charged. This procedure is also used to retain individuals with handicaps for whom there is no job charge, enabling the individual to receive on-the-job training in order to transfer to a new job.

Regardless of the job, it is impossible to do it without the right tools. Such is the case for the reasonable accommodations needed by persons with disabilities. Given the growth of technology and resources in this area and to facilitate the reasonable accommodation process, AT&T has developed its network of Job Accommodation Specialists to serve as internal consultants to its staff nationwide.

To further facilitate integration, Honeywell Inc. has established Handicapped Employee Councils to (1) educate the workforce about the contributions of employees with disabilities and (2) identify, study, and make recommendations to management on issues of concern to employees with disabilities. Toward that end, the Honeywell Task Force has developed a three-year blue print for action. While developed by and for Honeywell, its recommendations with regard to awareness, identification, hiring, career development, accommodations and accessibility would prove useful to most any organization.

In recent years, we have also seen increased attention paid to returning to work employees who have become disabled on or off the job. Current estimates are that 600,000 people per year develop illness or injury that keeps them off the job for at least five months. Slightly less than half return to work. This results in (a) financial costs, (b) reduced productivity, and (c) complications arising from strategies to absorb the loss.

Companies are becoming more aggressive in managing employee disability and its consequences, where 3M and Herman Miller are often cited for their leadership focusing on (a) early intervention, (b) flexibility in type of job performed, and (c) a team approach involving a case manager, the supervisor, benefits representative and other relevant staff.

Of the many creative programs in place across the country, the above is only a sample. Yet, hopefully, this sharing of information will encourage others to initiate similar efforts, with positive results for us all.

Photo: Marty Umans © 1989

A THOUGHT FOR EVERYONE WHO RESENTS SITTING AT A DESK EIGHT HOURS A DAY.

Neuromuscular disease.

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You can help MDA fight neuromuscular disease by sending a tax-deductible contribution today. The Association receives no government grants or patient fees, so its work is funded entirely by private donations.

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Muscular Dystrophy Association, Jerry Lewis, National Chairman

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Special Invited Paper

1990: Equal to the Task II

Richard L. Drach

Du Pont hires people with disabilities because it's the fair and right thing to do," states Chairman Edgar S. Woolard, Jr. in the foreword of Du Pont's new brochure, *Equal To The Task II*. His words affirm Du Pont's commitment to providing employment opportunities for people with disabilities, but the brochure's focus is more clearly summed up by Mr. Woolard's following statement: "But it is also good business."

Equal To The Task II outlines the results of a 1990 Du Pont survey that compared performance levels of employees with disabilities with their coworkers without disabilities. Du Pont conducted similar surveys in 1958, 1973 and 1981.

The findings of the 1981 survey were published in the first *Equal To The Task* brochure. These surveys asked Du Pont supervisors to compare employees in three areas: safety, attendance and job performance. The results of the 1990 study mirror those of the earlier surveys and confirm that employees with disabilities are equal to their coworkers in all areas and are, therefore, "equal to the task."

The first chapter of *Equal To The Task II* is entitled "A Valuable Resource." Here, Du Pont refers to a U.S. Department of Labor study, *Workforce 2000*, which projects that, in the next decade, 85% of the new additions to the work force will represent a diversity of race, gender, culture and national origin. Du Pont also cites the effect of changing demographics, market shifts and labor shortages on employers. Du Pont claims employers can meet these challenges by hiring qualified people with disabilities. To encourage them, Du Pont shares its experiences with employees with disabilities in subsequent chapters of *Equal To The Task II*.

In the chapter entitled, "The Survey Results," Du Pont defines an employee with a disability as anyone for whom an accommodation is made. Although Du Pont estimates that it employs more than 3,000 people with disabilities, the survey identified a sampling of 811. This chapter breaks down the numbers by type of disability including motor skill problems, diseases, substance addictions, neurological disabilities, and hearing and vision losses. A further breakdown shows that 55% of these employees are hourly, 28% are technical/clerical and 17% are management/professional.

The chapter, "For The Record," reports that Du Pont supervisors rated 97% of their employees with disabilities average or above average in safety. In attendance, 86% were rated average or above. In performance of job duties, 90% were rated average or above.

While these impressive statistics prove employees with disabilities are safe, dependable and productive, studies cannot measure the value that employees with disabilities bring to the work force. In the chapter "Extraordinary People," Du Pont profiles six employees with disabilities whose individual talents, skills and perspectives enrich Du Pont's diverse work force.

The chapter, "Tools For The Task," focuses on accommodations Du Pont has made for its employees with disabilities, from the simple (reassignment of job duties) to the high tech (voice synthesized computers).

"Du Pont Products" highlights the ongoing research and development of products that benefit people with disabilities. Many of these products are the result of partnerships with other companies.

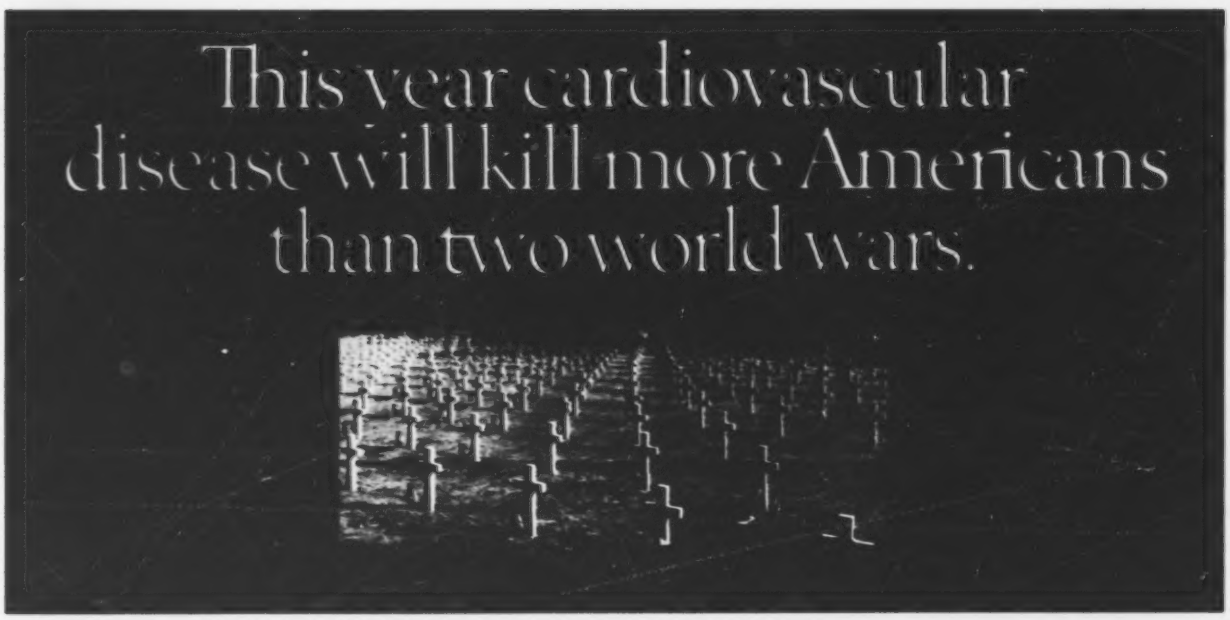
The final chapter of *Equal To The Task II*, "Partnership," outlines Du Pont's involvement with local, state and national organizations dedicated to creating employment opportunities for people with disabilities. The chapter describes how Du Pont helped establish local, sheltered workshops in Martinsville, Virginia, and Edison, New Jersey. These workshops train people with disabilities in performing necessary jobs for industry in those communities. These sheltered workshops not only provide people with disabilities the opportunity to be productive and earn money, their services also benefit industry.

Statewide partnership includes organizations such as Delaware's First State Project With Industry, Inc., an industry-initiated job placement program that matches the skills of people with disabilities with the needs of business. Du Pont partnered with representatives of rehabilitation, education and business organizations to establish this program, which secured jobs for 222 clients in 1989. Du Pont donates money, office space and printed promotional material to the program. Du Pont personnel also serve on First State Project With Industry's board of directors.

RICHARD L. DRACH is Manager of Disability Programs at E.I. Dupont Corporation, Wilmington, Delaware.

Nationally, Du Pont is a long-standing member of the President's Committee on Employment of People with Disabilities, which honored Du Pont with the 1990 National Employer of the Year Award for leadership among large employers in the private sector. Examples include Du Pont's involvement with research and training centers at three universities, Du Pont's assistance with the development of the Job Accommodation Network, which provides employers with practical information for making accommodations, and Du Pont's participation in a task force that traveled to the Middle East to discuss utilizing people who were disabled in the Lebanese civil war to rebuild that country.

Equal To The Task II concludes with a challenge. Referring to the statistical data produced by the 1990 survey, it says, "Our employees with disabilities have proven they are equal to the task. The challenge to other employers is to prove that they, too, are equal to the task."



Nearly one million Americans will die of heart attacks, strokes and other cardiovascular diseases this year. That's more than were killed in World War I and II combined. But you can reduce your risk of cardiovascular disease by eating a low-fat, low-cholesterol diet, controlling your blood pressure, and not smoking. Do it now. Because in the battle against cardiovascular disease, it may be do or die.

American Heart Association WE'RE FIGHTING FOR YOUR LIFE

This space provided as a public service.

Special Invited Paper

The Americans with Disabilities Act: A New Era

Paul G. Hearne

On July 26, 1990, President Bush signed into law the Americans with Disabilities Act (ADA). In doing so, he kept the promise he made at his inauguration:

"I'm going to do whatever it takes to make sure that the disabled are included in the mainstream. For too long they have been left out, but they are not going to be left out anymore."

The signing of this monumental piece of legislation is the culmination of two years of constant vigilance on behalf of persons with disabilities throughout the nation at a grassroots level. Moreover, it represents the first time that disabled people have been empowered to full participation in American society. The idea that civil rights, not benefits, will increase the productivity of this population and reduce their dependence on public welfare is the key to removing the barriers to employment in the 21st century.

The ADA bars discrimination in the private sector in the areas of employment, public accommodations, public services (transportation), and telecommunications. Unlike the landmark Rehabilitation Act of 1973, the ADA is not tied to the receipt of Federal money or contract, but rather is similar to the type of private sector coverage provided by the Civil Rights Act of 1964.

In a recent study submitted by the Bureau of the Census, some alarming statistics were revealed. According to the study:

"The income of workers with disabilities dropped sharply compared to other workers. In 1980, men with disabilities earned 23% less than men with no work disability, and by 1988 this had dropped to 36% less than their counterparts."

—Jay Rochlin, September 1989, testimony before the House Subcommittee on Select Education.

Taking this in conjunction with the fact that 66% of the estimated 8.2 million disabled persons eligible to work are unemployed (Harris Poll Study 1987), at a time when the workforce will be starving for inclusion of all those presently outside of the economic mainstream (Opportunity 2000, Department of Labor, 1988), the nation can no longer afford to discriminate based on disability.

PAUL G. HEARNE is the President of the Dole Foundation for Employment of People with Disabilities.

Title I, Employment becomes effective two years after its enactment (July 26, 1992). Patterned after *Title VII* of the Civil Rights Act of 1964, it covers employers of 25 employees or more for the first two years and then the coverage is extended to companies of 15 employees or more. This two-year lag to full coverage is intended to allow time for the smaller employer to develop understanding and to begin implementing the legislation.

This title prohibits discrimination in employment against qualified individuals with a disability. It requires reasonable accommodation be provided to the disabled individual unless that accommodation is an undue hardship to the employer (undue hardship based upon the financial impact on the employer, their resources and size). It prohibits pre-employment inquiries and medical exams unless job-related, but allows medical exams post-offer if they are job-related and given to all employees in a confidential manner.

The definition of disability does include people with AIDS. However, it does not cover people who would pose a direct threat to the health or safety of others, nor involved in the illegal use of drugs and alcohol. The Equal Employment Opportunity Commission is authorized to promulgate regulations within one year of enactment (July 26, 1991).

Title II of the Act, prohibits discrimination in the area of *Public Services*. Perhaps the most controversial of the sections, it attacks the largest barrier to employment of persons with disabilities, transportation. Without an inexpensive way to go to work many mobility-impaired individuals stay home. *Title II* provides that 30 days after enactment, it shall be illegal to purchase or lease a new or used vehicle for fixed route systems that is not readily accessible to and useable by persons with disabilities.

The section provides guidelines for paratransit service as well as public demand responsive systems. Moreover, it requires that all new construction of new facilities as well as the alteration of existing facilities for public transportation be accessible. It also covers rail, and requires that one car per train be accessible as soon as possible . In any event, the Department of Transportation is authorized to promulgate regulations under this title and the various subsections of this part.

Title III is the keystone to full participation in society. This Title covers public accommodation and services operated by private entities and prohibits discrimination based upon disability in hotels, motels, inns, restaurants, theaters, museums, laundromats, gas stations, etc. In other words, no longer will persons with disabilities be seen only going to and from their doctor or therapy, but they, like all other Americans can now enjoy the full benefits of American community life.

Although the bulk of the bill is based upon concepts embraced in the longstanding principles contained in Section 504— i.e., "reasonable accommodation," "readily useable by and accessible to," "participation in unequal benefit," etc.— *Title III* creates a new standard, "readily achievable," which is that which can be carried out without much difficulty or expense and is easily accomplishable. In other words, the ADA makes it unlawful for an entity to *not* remove an architectural, transportation or communication barrier from a privately-owned, publicly-utilized facility, if it is readily achievable to do so. This section also includes private transportation facilities.

This title becomes effective 18 months after the enactment of the law. Both the Department of Transportation and the Attorney General are responsible for regulations no less than one year after enactment.

The Architectural Transportation Barrier Compliance Board (ATBCB) is empowered to issue minimum accessibility guidelines as well as review an Office of Technology Assessment study on over the-road private buses and service for cost effective access.

Title IV, telecommunications, creates a national mandate that an effective dual party relay service system is available throughout the USA This would allow an individual who uses a TDD to communicate over the phone to call an operator who would then call the third party who does not use such a device and relay the communications. It also provides that public service television announcements funded in whole or in part by Federal funds must be closed-captioned. The FCC is authorized to issue regulations to implement *Title IV* one year after date of enactment.

Finally, miscellaneous provisions under *Title V* include a mandate that the ATBCB issue minimum guidelines for accessible design no later than nine months after enactment. Technical assistance shall be rendered by agencies of the Federal Government in accordance with a plan to assist entities covered under the act; and for the first time in American history, Congress covered its own hiring practices by prohibiting discrimination in employment based upon disability.

The passage of this bill will begin the long process of full inclusion for disabled people that can only result in long term positive social change. This change will profoundly affect the way vocational rehabilitation services are rendered and received.

Special Invited Paper

Human Resources: Their Impact on Rehabilitation

Paul L. Scher

Seminar participants talked of the need to qualify disabled persons to meet changing job demands. The need to market to the employer as well as to the client was stressed. The realities of stress, strife, addiction, and AIDS were mentioned as problems that the rehabilitation practitioner will have to manage in the 1990s. The impact our profession will be required to face when business discovers the degree to which rehabilitation practitioners are indispensable in the management of an employer's human resource needs to be developed further across this nation.

Ann Ritter, writing in *Personnel Magazine*, December, 1989, said that human resources managers are charged with the responsibility of acquiring company staff in a cost-effective fashion, managing employee compensation, while displaying leadership qualities.

I believe that human resource management is the process of appreciating the uniqueness of every employee while regulating their talents and skills for the purpose of serving the needs of a business, agency, or government organization. Rehabilitation, as a professional discipline, is one of several tools which can be used in the management of a firm's human resource.

Replacement of the sign "Personnel" with "Human Resources" over the Personnel office is no accident. For personnel administration is but one tool used for managing a healthy workforce. It regulates the recruiting of employees, the ways in which they're treated, assigned, supervised, promoted, disciplined, compensated, rewarded, maintained, retired or dismissed. Personnel administration includes the design and administration of employer provided benefits such as health insurance, employee assistance programs, stock options, and continued education, etc.

Disability management, according to the Washington Business Group on Health, is the practice of using services and materials to minimize the impact and cost of disability to employers and employees; while encouraging the early return to work of those employees who are disabled. (*Disability Management Sourcebook*, Institute on Rehabilitation and Disability Management of the Washington Business Group on Health, Fall 1989).

Among the specialty administrators within human resources, what discipline is most qualified to recognize the needs of the individual employee, be they salaried or hourly? It's the rehabilitation practitioner working in industrial rehabilitation.

Industrial rehabilitation, I believe, is the application of the trained practitioner's skill directed toward recognizing individual needs, helping each client define their problems, mobilizing company and community resources to meet these needs, and, all for the purpose of restoring an employee to productivity in behalf of the employer. Our skills are needed within the Human Resources Department which requires an expanded outlook on the ways in which we apply our training.

The rehabilitation practitioner is likely to be a salaried employee of a company that's in business to manufacture a product or provide a service that has nothing to do with rehabilitation. Under this circumstance, the practitioner may be there to support employees but the success or failure in doing so is unlikely to be seen initially as impacting on the bottom line. Whether or not an employer's rehabilitation program is successful has everything to do with the employer's culture and the adaptability of the practitioner. The more the practitioner is part of that culture, the greater are his/her chances of raising the visibility of their service.

The practitioner will work in the Human Resources, Medical, or Law Department. They represent the department to which they are assigned. The person to whom they report is likely to be a Director with many responsibilities who has not been trained in rehabilitation. The way in which the practitioner carries out his/her responsibilities, the means by which his/her goals are understood by the Director, and the support from upper level management that the practitioner receives depend on conforming to the practices within the department while taking care that the immediate boss understands what you are doing, why you are doing it, and how the result will impact positively on the department and the company.

The practitioner's job description has much to do with the jurisdiction over which the department presides. But the nature of the rehabilitation practitioner's work requires an ability to

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obtain clearances, services, and consent from individuals in a variety of departments both staff and line if the client, worker in need, is to receive the help that's required.

A method of working around the limitation of one's job description, the understanding of his/her supervisor, and the jurisdiction of the department is through the creation of a Rehabilitation Committee. Made up of representatives from involved departments, problems can be outlined and solutions defined. Unless the practitioner understands these cultural and jurisdictional realities, functioning in the workplace will be fraught with confusion, anxiety, and possible failure.

The respected practitioner is confronted with people problems that the supervisor, the medical staff, the employee benefits administrator, the Equal Opportunity Manager, the recruiter, the Worker's Compensation administrator or the attorney, cannot solve. The services the practitioner may perform include recruitment of qualified disabled people, reasonable accommodations, developing early return to work assignments, counselling and making arrangements for terminally ill and AIDS patients, counselling in crisis situations of stress, strife and addiction, investigating complaints of discrimination based on disability, serving as expert witness in behalf of the company, making referrals, etc. If we gain the respect of managers and clients we will be over-burdened with the responsibility.

It is essential that our universities who train rehabilitation practitioners be mindful of these considerations and build adequate training components into the Master's Degree Program so that the graduate can meet both the needs of the public and private sector. Attention to the availability of appropriate continuing certification training is also necessary in order to cover the areas discussed.

In short, who is better prepared than the rehabilitation practitioner to help a worker define his/her needs, locate the resources to meet those needs, and help that client return to or maintain their employment? It's the trained rehabilitation practitioner, of course. But our position of leadership can only be maintained if we train for flexibility, take on new roles, and maintain a standard of excellence.

Seminar Recommendations

The Corporate Sector

National

There should be coordination, at the White House level, of all policy, programs, procedures, and efforts relative to employment and disability.

All professional accreditation and certification bodies should meet the needs of all persons, including persons with disabilities, qualified to meet their certification standards.

This recommendation is made in response to anecdotes which outlined situations wherein persons with disabilities were unable to achieve accreditation in their fields of expertise due to the accrediting agencies failing to hold examinations in accessible sites or to provide other forms of accommodations for other disabilities.

A national coalition of persons with disabilities and their advocates should be created to address all aspects of disability and employment issues through one powerful and unified voice.

Policy or Program Development

Employers should maximize employment opportunities and choices using all employment options (i.e., home-based, sheltered, supported, mainstream/integrated). The ultimate objective would be to use these alternatives to transition disabled individuals to their maximum level of integration, independence, and employability.

Employers should encourage the formulation of partnerships which will enhance employment opportunities for people with disabilities. Examples include Federally-sponsored initiatives (e.g., the White House Conference on Supported Employment), State and local cooperative efforts (e.g., the Maryland Corporate Partnership program, the Maryland Chief Executive Council), and other innovative private-public partnerships.

Employers should encourage the "incubator" concept as used by small businesses as a vehicle for achieving the following: a) Create employment opportunities for persons with severe disabilities to allow for the obtaining of current work histories; b) Provide a resource for employers to utilize the services of small businesses owned/operated by people with disabilities; c) Allow opportunities for persons with disabilities to own, operate, and manage their own businesses, either ongoing or as an interim measure; d) Provide a cost-effective means by which personal care attendants and assistive technology can be provided to persons with disabilities who need them.

Persons with disabilities should have every right to expect an individual assessment of their employability and capabilities, and not be subjected to arbitrary, non-job-related policies and practices which screen-out qualified persons with disabilities.

Qualified persons with disabilities should have every right to receive appropriate accommodations to their known disabilities.

There should be an elimination of the "pre-existing condition" exclusion from all health care plans.

All employers and insurers should adopt "disability management" programs to minimize the impact of disability on employers and employees.

Employers should ensure that all health care plans provide adequate and appropriate psychiatric and substance abuse coverage.

Employers should adopt the concepts of equal employment opportunity/affirmative action, and place responsibility and accountability for their effective implementation throughout the organization.

Employers should ensure accessibility to the workplace (e.g., physical access to the employment office, necessary assistance to applicants and employees with visual and hearing impairments).

Employers should investigate and utilize the services of businesses owned/operated by persons with disabilities as much as possible, recognizing that these businesses must be competitive with those owned by people without disabilities in order to survive.

Employers should hold all company-sponsored functions in accessible locations and provide, when necessary, support services (e.g., interpreters for the hearing-impaired, handouts in accessible format).

Service Delivery

Public and private employers should establish "intern" programs to facilitate a better understanding of the issues surrounding employment of persons with disabilities. Intern programs should be developed for educators, human resource professionals and students, labor representatives, and rehabilitation professionals and students.

Employers must communicate the urgency of their needs to rehabilitation counselors and other placement personnel. In return, rehabilitation counselors and placement personnel must understand and respond to employers.

Employers should clearly communicate to vocational rehabilitation counselors their expectations of them (i.e., visitation of the worksite, an understanding of the work environment and the job qualifications to ensure a good job match, and follow-up). It is then incumbent on counselors to meet these expectations.

Employers should encourage vocational rehabilitation professionals to work more closely with employers in order to better understand their needs.

Not all vocational rehabilitation counselors are equally adept or interested in all functions of the vocational rehabilitation counselor's ever-increasing role. Recognizing this fact, we recommend that vocational rehabilitation agencies specialize

vocational rehabilitation jobs so that counselors are allowed to master what they do best.

This will allow counselors who are good at working with employers to specialize in creating job openings, and staff who work best with clients to do counseling and job placement. It is vital, however, that there be very close coordination among all employees so that when a job developer has a job vacancy, placement experts can immediately follow-up with the referral of an appropriate candidate.

Training

Employers should assume a strong commitment to disability awareness training for all employees.

Employers should conduct awareness training in "managing diversity" to prepare management to deal with the changing make-up of the work force.

Disability Management

Employers should utilize, as much as possible, non-traditional concepts to control costs associated with disabilities (e.g., home-based employment, early return-to-work, light duty, job modifications/restructuring, etc.).

Employers should ensure that local managers are accountable for their ability to maximize the productivity of disabled employees, and that supervisors are rewarded for doing so.

Employers should share existing research data to support the concept of disability management.

Employers should eliminate all smoking from the workplace.

Employers should eliminate all alcohol from company-sponsored functions.

Legislation

Congress should remedy the "disincentives" in the public benefits system that prohibit individuals with disabilities from entering into or returning to employment.

Affordable coverage for quality health care should be available to all employed persons.

Congress should "track" all existing legislation and, when necessary, amend or develop new laws, which will ensure that assistive technology will be available and affordable to enhance employment opportunities for people with disabilities.

Small Business

Service Delivery

Attempts should be made by rehabilitation practitioners to secure placements for persons with disabilities within small businesses (those with 200 or fewer employees) by: 1) including Chamber of Commerce representatives on advisory committees of public and private agencies; (2) developing working relationships with trade and other professional organizations; and (3) working closely with civic organizations such as Lions, Elks, Moose, Rotary, Kiwanis Clubs, etc.

The options of self-employment in a small business enterprise should be promoted as a viable vocational alternative for people with disabilities by rehabilitation counselors.

More creativity should be applied in utilizing all available fund sources, in addition to case service funds, for the purchase of services and equipment for job placement or self-employment in small businesses, such as Job Training Partnership Act (JTPA), Program for Achieving Self-Support and Impairment Related Work Expense of the Social Security Administration, Minority Enterprise Small Business Trust Corporation, private insurance benefits, etc.

Policy or Program Development

Programs should be established where rehabilitation practitioners engage in proactive relationships with small business development facilitators at federal, state, and local levels.

The state/federal rehabilitation programs should establish advisory committees which include representatives of the small business community to: (1) promote self-employment in a small business enterprise as a viable vocational option; (2) to review individual self-employment plans; and (3) to serve as advisors/coaches in facilitating self-employment plans.

Training

A better understanding of small business concepts and practices by rehabilitation administrators, supervisors, and practitioners should be accomplished by utilizing all available pre-service and in-service training options.

Links between college/university programs of business administration and rehabilitation counselor education programs should be forged to establish a better understanding and awareness of business practices.

Pre-service and in-service programs and rehabilitation publications should provide regular up-dates on existing and on-going technology developments which benefit persons with disabilities.

Lending institutions should be made aware that the cost of accommodations may be included as a necessary element in the financial business plan for a person with a disability.

Research

New and follow-up studies should be completed, similar to the Annapolis, Maryland study, about previous and existing small business enterprises operated by persons with disabilities, to include such issues as: (1) types of businesses and whether or not they are/were successful; (2) problems encountered related to the disabling condition; and (3) accommodations/modifications utilized. Research studies should address if there is any record of persons with disabilities being systematically discriminated against in business-related financing by banks or other lending institutions.

Legislation

Ten percent of JTPA funds *must* be used for people with disabilities, unless there are not sufficient qualified applicants, including training in small business settings.

The accessibility of all community development centers and incubators should be required.

Banks, under the Community Reinvestment Act, should be required to serve people with disabilities as part of their defined community.

Banks should be required to consider all income sources, such as Social Security and workers' compensation or disability insurance benefits, when determining loan eligibility.

Loan funds should be established at local levels to finance the costs of accommodations/modifications necessary for a person with a disability to enter into confirmed employment or to maintain existing employment.

Under P.L.92-28, the Javits, Wagner, O'Day Act, which has the provision that permits organizations engaged in rehabilitation to bid on products purchased by the federal government on a non-competitive set-aside basis should be amended to include the same bidding rights for businesses owned by persons with disabilities.

A clarification should be made that people with disabilities be included in the definition of "minority" under the SRA 8-A program which permits minority owned businesses to bid on providing products and services purchased by the federal government on a non-competitive set-aside basis, with legislative changes if necessary.

Other

Materials should be prepared by state rehabilitation agencies and professional organizations to publicize the Americans With Disabilities Act (ADA) within the community at large and especially to public and private employers, such as: (1) "success stories"; (2) press release models; (3) videos and handouts; and (4) information on how rehabilitation systems can serve as a resource to employers for implementation and compliance.

Coalitions should be built of all involved in the field of job preparation and placement for people with disabilities, to include rehabilitation, labor, industry, medical, and education.

Visibility should be increased of utilization of rehabilitation services to accomplish successful resolution of workers' compensation claims, such as an accounting model comparing costs of successfully completed rehabilitation plans vs. costs without rehabilitation involvement.

A national consumer organization of persons with disabilities should be established to address disability issues, including education and employment, providing membership services such as: (1) a toll-free number (1-800-I-AM-ABLE) to access an information and referral system; (2) a credit union; (3) health and life insurance and supplements; and (4) a legislative or lobbying section.

Labor Unions

Service Delivery

Build coalitions that include labor unions, Private Industry Councils (PICs), non-profit organizations, foundations, employer associations, and others.

Foster intra- and inter-union cooperation with leadership from the AFL-CIO.

Use existing union structure to assist new employees with disabilities, as well as current workers returning to work. This would include shop stewards (to act as mentor or to revive the "buddy" system), health and safety and community services committees (in providing accommodations and/or other special services to people with disabilities).

Solicit active union involvement in advisory committees which plan training and employment programs for persons with disabilities. Explore alternate approaches to integrating persons with disabilities into union jobs (e.g., memoranda of understanding).

Begin a dialogue between labor and management well in advance of contract time to explore job openings, appropriate contract language, etc.

Policy or Program Development

Encourage government to establish working with unions as a priority area in their announcements of grant funds availability, e.g., Projects With Industry (PWI), and expand funding to include this new priority area. Within this effort, include small unions, union locals, and unionized small employers.

Encourage AFL-CIO to spearhead an effort for outreach to persons with disabilities for apprenticeship programs, as well as union and non-union jobs.

Suggest model contract language to include employment, retention, and advancement of persons with disabilities.

Utilize the "Labor Committee" of the President's Committee on Employment of People with Disabilities to communicate and disseminate these efforts to other unions.

Training

Within university rehabilitation training programs, educate faculty and students as to how to work more effectively with labor unions (e.g., faculty externships in labor unions, student internship and practica experiences).

Provide public and private sector practitioners with ongoing continuing education on working with labor and industry through coursework and work experience.

Educate the general public (which would include consumers with disabilities, employers, educators, labor union membership) on the role of labor in employing people with disabilities.

Educate membership on the impact of the Americans with Disabilities Act (ADA) on labor unions and its role in fostering the employment of persons with disabilities.

Inform union membership about the prevalence and impact of disability on members and their families.

Encourage intra- and inter-union transfer of knowledge concerning establishment of successful programs (e.g., how to establish successful programs, include model contract language).

Research

Identify views of union members toward disability and the relative importance of those views.

Identify methods to reach union members effectively on disability issues.

Survey the union membership to determine the prevalence of impairments and disability among the workers and/or their families.

Conduct long-term follow up of persons with disabilities in union jobs to determine experiences and work-related needs.

Develop case studies of successful union programs (e.g., International Association of Machinists (IAM)-Boeing) and document changes in attitudes among co-workers, impact on productivity and turnover, etc.

Legislation

Expand existing legislation to include projects with unions, with additional funds to stimulate this area.

Work on national, state, and local levels to allocate appropriate funding for persons with disabilities through JTPA, PICs, etc. as a primary rather than a secondary objective.

Other

Disseminate successful case studies through special monographs or articles on the role of unions in employing persons with disabilities (including model programs and contract language) to education and rehabilitation administrators and practitioners.

Conduct national conference of trade unionists on the Americans with Disabilities Act (ADA).

Encourage disability advocacy groups to identify selective common objectives to pursue on a united basis.

Form a coalition of groups representing persons with disabilities to be able to more effectively work with labor unions.

Rehabilitation Professionals

Service Delivery

The rehabilitation community (i.e. public, private, facilities) need to form a partnership with the business community to develop a more cohesive placement structure (i.e. one-stop shopping). To facilitate the success of this strategy, articles regarding successful models need to be published and promoted in publications of the Rehabilitation Services Administration, The President's Committee on Employment of People with Disabilities, The National Rehabilitation Association, The National Rehabilitation Counseling Association, and The Job Placement Division of NRA, as well as in business publications such as *Personnel Administrator*, *Harvard Business Review*, and the *Personnel Journal*.

Strategies need to be developed for utilizing the Supported Employment model for individuals with disabilities other than persons with a developmental disability.

The Rehabilitation Community (i.e. public, private Rehabilitation Services Administration, rehabilitation education) must become pro-active and have a sense of urgency in responding to the emerging issues of the 1990s. If they are to remain competitive and continue to provide quality services, they must change how they do business.

The Rehabilitation Community must devote more time and energy to facilitating disability activism and empowerment for job acquisition.

There is the need for the Office of Special Education and Rehabilitative Services and the Department of Labor (OSERS), i.e., Job Training Partnership Act, to provide more grants for job seeking skills training.

The pre-service and post-service training of rehabilitation professionals must be expanded to include business related courses, and field placements in business and industry. Further, post and pre-service training of rehabilitation counselors must increase the emphasis on job placement and case management courses.

There must be an expansion of both clinical and administrative continuing education and in-service programs for rehabilitation professionals.

We must re-establish early intervention in the schools by providing rehabilitation counselors to augment and assist special educators, high school counselors, and vocational educators in providing traditional services to students with disabilities.

Policy or Program Development

The rehabilitation community must reaffirm and reassert the primacy of its traditional role of providing comprehensive, quality vocational services to workers with disabilities.

The Rehabilitation Services Administration (RSA) must upgrade the technical assistance program offered to universities, agencies and others. Funding must once again be made available so that RSA can provide specialists in a wide range of rehabilitation issues to provide technical assistance and support services to the universities, state vocational rehabilitation agencies and to rehabilitation facilities. This is necessary because of the ever-increasing pluralistic case loads that rehabilitation professionals must service (i.e. cultural minorities, women, persons with AIDS, persons with traumatic head injury, etc.). Further, RSA is currently funding special projects which address a wide range of issues that the rehabilitation community must address in the 1990s, but they must develop a better system to disseminate the results of these projects to the rehabilitation field.

The Rehabilitation Services Administration (RSA) and/or the National Institute on Disability and Rehabilitation

Research (NIDRR) needs to establish and fund a national comprehensive electronic data base on disability. This base needs to go beyond rehabilitation literature, it must include business, medical and educational data as they relate to disability issues.

The RSA, the NIDRR, and the Congress of the United States must strengthen meaningful program evaluation for all grants and programs funded by all federal agencies in the area of rehabilitation, education, job training and placement. Further, we must urge providers to develop their own program evaluation strategies to be shared with the field.

We must streamline the eligibility process in the state/federal rehabilitation program to expedite clients into the system.

Computer technology must become a part of all state/federal rehabilitation programs. We must bring rehabilitation into the twentieth century as we near the new century.

Training

A national conference needs to be sponsored by The National Rehabilitation Association in consort with The Rehabilitation Services Administration, The President's Committee on Employment of People with Disabilities, Council of Rehabilitation Educators, and other national organizations to focus on issues and problems of preparing rehabilitation professionals, at both the pre-service and post-service levels, for dealing with the issues of the 1990s (i.e. cultural minorities, small business, technology, organized labor, older Americans, new disabilities, etc.).

Pre-service (i.e., graduate programs that prepare rehabilitation professional) and post-service programs (i.e. Research and Training Centers, in-house training programs, etc.) need to aggressively seek alternative funding sources (i.e. Corporate America and the labor movement) for training, scholarships, fellowships and grants. However, the current scholarship and fellowship programs supported by the U.S. Department of Education, Rehabilitation Services Administration and other departments of federal and state governments must be continued, strengthened and expanded. Further, the organizations which represent professionals in rehabilitation must commit resources to scholarships, fellowships and grants.

National and local strategic marketing and recruitment plans to insure competent individuals enter rehabilitation professions need to be developed and implemented at the national, state and local levels. This must be done in cooperation with the professional organizations.

There is a need for more pre-service and post-service training in AIDS, chemical dependency and new emerging disabilities (i.e., Traumatic Brain Injury, older workers).

Research

There is a need for research in the area of how to work with small business. We need to identify the needs of this sector of the business community and how to integrate persons with disabilities into their workforce.

Research needs to be undertaken to develop strategies to more effectively utilize supported employment in industrial centers.

Legislation

The Targeted Jobs Tax Credit should be made permanent and a similar program be instituted at the state level.

Section 190 of the Internal Revenue Code should be expanded to cover business related accommodations and modifications to equipment for persons with disabilities.

The term "Qualified Rehabilitation Counselor" in the Rehabilitation Act should be defined as an individual who is a Certified Rehabilitation Counselor (CRC) or one who meets the requirement to become a Certified Rehabilitation Counselor. Steps should immediately be taken to insure that this happens during the upcoming reauthorization of the Rehabilitation Act.

Public Law 94-142, The Education for All Handicapped Children's Act, and the Vocational Education Act should be amended to call for the services of rehabilitation counselors on IEP (Individual Educational Plan) teams and in vocational planning for students with disabilities.

Other

There is a need for greater standardization and definition in job role and functions, professional affiliation, certification and job titles of the rehabilitation profession.

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1990 Switzer

Switzer Scholars John D. Kemp and Sara Watson, special guest Virginia Stern of the American Association for the Advancement of Science, and Paul Scher, Switzer Scholar.

Leonard G. Perlman, Switzer Coordinator, Katherine A. Williams, Administrator, DC RSA, and Carl E. Hansen, Chairperson, Switzer Memorial Committee.

Seminar

Switzer Scholars Lana Smart, Faith S. Kirk, and Patricia Nunez, and special guest Deno Reed (in background).

Mary E. Switzer

1900-1971

Few people realize that Mary E. Switzer had a satisfying and fully successful career in federal government employment that spanned several decades prior to her formal entry into the field of rehabilitation. She was fifty years old when she became director of the Office of Vocational Rehabilitation in 1950, and she brought to the position a superior intellect and ability. Her many talents and experiences in economics, the legislative process, government administration, health, welfare and public education were only a few of the composite assets brought with her. She entered the movement at a crucial point in its evolution. It was a time in which difficult decisions had to be made between maintaining the status quo or moving to a larger and unknown future, but with increased opportunity to serve tens of thousands of people with disabilities yet in need.

Following a life pattern in support of increased services to people with a more responsive and humanitarian government to changing human needs, she readily committed herself to the less certain but more hopefully expanded future for rehabilitation. The rest is history. The breadth and humanity of Mary Switzer are stamped forever on the passage of *Public Law 565* with its research and demonstration features, its concern for rehabilitation education, its mandate to construct necessary rehabilitation facilities, its totally new characteristic of international efforts and cooperation regarding rehabilitation, and perhaps, above all, in its expanded funding base for more personnel and programs for those in need of rehabilitation services. In the years that followed, she went on to even greater legislative and governmental leadership heights on behalf of both disabled and disadvantaged people.

Despite the demands on the national and federal scene, her presence was almost ubiquitous on behalf of program development and extended services to needy people. On a regional, state or local level, be it public or voluntary services, if it were in the interest of rehabilitating those in need, somehow, she would "arrange to be there."

The *Who's Who* has chronicled her many national and international awards. Also recorded are her presidencies of many organizations including the National Rehabilitation Association, whose members and their efforts she held in high esteem. But she did not reach the heights of her ability when she was made the first Administrator of the Social Rehabiliation Services, nor when she retired from the position, nor when she became internationally involved in the World Rehabilitation Fund. Instead, she found her greatness when she touched each of us, bringing our full humanitarian efforts and qualities to the fore on behalf of disabled and disadvantaged people. While readily recognized as a truly great administrator in the classical sense, her true capacity and ability can only be appreciated when we realize that these accomplishments sprang from an inner expression of sensitivity, emotional refinement and dedication to serve all less fortunate people. Her egalitarian qualities were not contrived but spontaneous, stemming from love and respect for all living things.

All of us in the National Rehabilitation Association and in rehabilitation, and all people with disabilities, have had better, more meaningful and more productive lives because her presence and her being were sufficiently large to embrace and accept us as we are and help us better understand where we should be.

What more can be said than that we had the joy and privilege of knowing her?

—E.B. Whitten, *Journal of Rehabilitation*, November/December, 1971.

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Switzer Memorial Seminars

As a living tribute to the memory of Mary E. Switzer, each year a special topic of vital interest to the rehabilitation of persons with disabilities is explored in depth. One of the outcomes of each seminar is a *Switzer Monograph* which clarifies the thinking in a given area of rehabilitation and sets goals and objectives for positive action. Those individuals invited to participate in the Seminar are designated as Switzer Scholars.

Mary E. Switzer Memorial Seminar and Monograph

To perpetuate the memory of a great woman and a great leader in the field of rehabilitation by establishing a memorial that will expand and enrich services to persons with disabilities.

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